

# American Optometric Association NEWS<sup>TM</sup>

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News blog  
at [newsfromaoa.org](http://newsfromaoa.org)

For patients with decreased tear  
production due to ocular inflammation

## Patients embrace making more of their own real tears

**RESTASIS<sup>®</sup> helps patients produce more of their own real  
tears, for benefits that continue with continued use**

RESTASIS<sup>®</sup> Ophthalmic Emulsion is indicated to increase tear production in patients whose tear production is presumed to be suppressed due to ocular inflammation associated with keratoconjunctivitis sicca. Increased tear production was not seen in patients currently taking topical anti-inflammatory drugs or using punctal plugs.

### Important Safety Information

RESTASIS<sup>®</sup> is contraindicated in patients with active ocular infections and has not been studied in patients with a history of herpes keratitis. The most common adverse event was ocular burning (upon instillation)—17%. Other events reported in 1% to 5% of patients included conjunctival hyperemia, discharge, epiphora, eye pain, foreign body sensation, pruritus, stinging, and visual disturbance (most often blurring).

Please see full Prescribing Information on adjacent page.



**Restasis<sup>®</sup>**  
(Cyclosporine Ophthalmic Emulsion) 0.05%

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## RESTASIS®

(cyclosporine ophthalmic emulsion) 0.05%

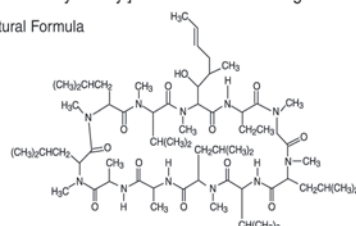
Sterile, Preservative-Free



### DESCRIPTION

**RESTASIS®** (cyclosporine ophthalmic emulsion) 0.05% contains a topical immunomodulator with anti-inflammatory effects. Cyclosporine's chemical name is Cyclo[[*(E)*-(2*S*,3*R*,4*R*)-3-hydroxy-4-methyl-2-(methylamino)-6-octenoyl]-L-2-aminobutyl-*N*-methylglycyl-*N*-methyl-L-leucyl-L-valyl-*N*-methyl-L-leucyl-L-alanyl-D-alanyl-*N*-methyl-L-leucyl-*N*-methyl-L-leucyl-*N*-methyl-L-valyl] and it has the following structure:

Structural Formula



Formula: C<sub>62</sub>H<sub>111</sub>N<sub>11</sub>O<sub>12</sub>

Mol. Wt.: 1202.6

Cyclosporine is a fine white powder. **RESTASIS®** appears as a white opaque to slightly translucent homogeneous emulsion. It has an osmolality of 230 to 320 mOsmol/kg and a pH of 6.5-8.0.

Each mL of **RESTASIS®** ophthalmic emulsion contains: **Active:** cyclosporine 0.05%. **Inactives:** glycerin; castor oil; polysorbate 80; carbomer 1342; purified water and sodium hydroxide to adjust the pH.

### CLINICAL PHARMACOLOGY

#### Mechanism of action:

Cyclosporine is an immunosuppressive agent when administered systemically.

In patients whose tear production is presumed to be suppressed due to ocular inflammation associated with keratoconjunctivitis sicca, cyclosporine emulsion is thought to act as a partial immunomodulator. The exact mechanism of action is not known.

#### Pharmacokinetics:

Blood cyclosporin A concentrations were measured using a specific high pressure liquid chromatography-mass spectrometry assay. Blood concentrations of cyclosporine, in all the samples collected, after topical administration of **RESTASIS®** 0.05%, BID, in humans for up to 12 months, were below the quantitation limit of 0.1 ng/mL. There was no detectable drug accumulation in blood during 12 months of treatment with **RESTASIS®** ophthalmic emulsion.

#### Clinical Evaluations:

Four multicenter, randomized, adequate and well-controlled clinical studies were performed in approximately 1200 patients with moderate to severe keratoconjunctivitis sicca. **RESTASIS®** demonstrated statistically significant increases in Schirmer wetting of 10 mm versus vehicle at six months in patients whose tear production was presumed to be suppressed due to ocular inflammation. This effect was seen in approximately 15% of **RESTASIS®** ophthalmic emulsion treated patients versus approximately 5% of vehicle treated patients. Increased tear production was not seen in patients currently taking topical anti-inflammatory drugs or using punctal plugs.

No increase in bacterial or fungal ocular infections was reported following administration of **RESTASIS®**.

### INDICATIONS AND USAGE

**RESTASIS®** ophthalmic emulsion is indicated to increase tear production in patients whose tear production is presumed to be suppressed due to ocular inflammation associated with keratoconjunctivitis sicca. Increased tear production was not seen in patients currently taking topical anti-inflammatory drugs or using punctal plugs.

### CONTRAINDICATIONS

**RESTASIS®** is contraindicated in patients with active ocular infections and in patients with known or suspected hypersensitivity to any of the ingredients in the formulation.

### WARNING

**RESTASIS®** ophthalmic emulsion has not been studied in patients with a history of herpes keratitis.

### PRECAUTIONS

**General:** For ophthalmic use only.

#### Information for Patients:

The emulsion from one individual single-use vial is to be used immediately after opening for administration to one or both eyes, and the remaining contents should be discarded immediately after administration.

Do not allow the tip of the vial to touch the eye or any surface, as this may contaminate the emulsion.

**RESTASIS®** should not be administered while wearing contact lenses. Patients with decreased tear production typically should not wear contact lenses. If contact lenses are worn, they should be removed prior to the administration of the emulsion. Lenses may be reinserted 15 minutes following administration of **RESTASIS®** ophthalmic emulsion.

#### Carcinogenesis, Mutagenesis, and Impairment of Fertility:

Systemic carcinogenicity studies were carried out in male and female mice and rats. In the 78-week oral (diet) mouse study, at doses of 1, 4, and 16 mg/kg/day, evidence of a statistically significant trend was found for lymphocytic lymphomas in females, and the incidence of hepatocellular carcinomas in mid-dose males significantly exceeded the control value.

In the 24-month oral (diet) rat study, conducted at 0.5, 2, and 8 mg/kg/day, pancreatic islet cell adenomas significantly exceeded the control rate in the low dose level. The hepatocellular carcinomas and pancreatic islet cell adenomas were not dose related. The low doses in mice and rats are approximately 1000 and 500 times greater, respectively, than the daily human dose of one drop (28 µL) of 0.05% **RESTASIS®** BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed.

Cyclosporine has not been found mutagenic/genotoxic in the Ames Test, the V79-HGPRT Test, the micronucleus test in mice and Chinese hamsters, the chromosome-aberration tests in Chinese hamster bone-marrow, the mouse dominant lethal assay, and the DNA-repair test in sperm from treated mice. A study analyzing sister chromatid exchange (SCE) induction by cyclosporine using human lymphocytes *in vitro* gave indication of a positive effect (i.e., induction of SCE).

No impairment in fertility was demonstrated in studies in male and female rats receiving oral doses of cyclosporine up to 15 mg/kg/day (approximately 15,000 times the human daily dose of 0.001 mg/kg/day) for 9 weeks (male) and 2 weeks (female) prior to mating.

#### Pregnancy-Teratogenic effects:

Pregnancy category C.

**Teratogenic effects:** No evidence of teratogenicity was observed in rats or rabbits receiving oral doses of cyclosporine up to 300 mg/kg/day during organogenesis. These doses in rats and rabbits are approximately 300,000 times greater than the daily human dose of one drop (28 µL) 0.05% **RESTASIS®** BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed.

**Non-Teratogenic effects:** Adverse effects were seen in reproduction studies in rats and rabbits only at dose levels toxic to dams. At toxic doses (rats at 30 mg/kg/day and rabbits at 100 mg/kg/day), cyclosporine oral solution, USP, was embryo- and fetotoxic as indicated by increased pre- and postnatal mortality and reduced fetal weight together with related skeletal retardations. These doses are 30,000 and 100,000 times greater, respectively than the daily human dose of one-drop (28 µL) of 0.05% **RESTASIS®** BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed. No evidence of embryofetal toxicity was observed in rats or rabbits receiving cyclosporine at oral doses up to 17 mg/kg/day or 30 mg/kg/day, respectively, during organogenesis. These doses in rats and rabbits are approximately 17,000 and 30,000 times greater, respectively, than the daily human dose.

Offspring of rats receiving a 45 mg/kg/day oral dose of cyclosporine from Day 15 of pregnancy until Day 21 post partum, a maternally toxic level, exhibited an increase in postnatal mortality; this dose is 45,000 times greater than the daily human topical dose, 0.001 mg/kg/day, assuming that the entire dose is absorbed. No adverse events were observed at oral doses up to 15 mg/kg/day (15,000 times greater than the daily human dose).

There are no adequate and well-controlled studies of **RESTASIS®** in pregnant women. **RESTASIS®** should be administered to a pregnant woman only if clearly needed.

#### Nursing Mothers:

Cyclosporine is known to be excreted in human milk following systemic administration but excretion in human milk after topical treatment has not been investigated. Although blood concentrations are undetectable after topical administration of **RESTASIS®** ophthalmic emulsion, caution should be exercised when **RESTASIS®** is administered to a nursing woman.

#### Pediatric Use:

The safety and efficacy of **RESTASIS®** ophthalmic emulsion have not been established in pediatric patients below the age of 16.

#### Geriatric Use:

No overall difference in safety or effectiveness has been observed between elderly and younger patients.

### ADVERSE REACTIONS

The most common adverse event following the use of **RESTASIS®** was ocular burning (17%).

Other events reported in 1% to 5% of patients included conjunctival hyperemia, discharge, epiphora, eye pain, foreign body sensation, pruritus, stinging, and visual disturbance (most often blurring).

### DOSAGE AND ADMINISTRATION

Invert the unit dose vial a few times to obtain a uniform, white, opaque emulsion before using. Instill one drop of **RESTASIS®** ophthalmic emulsion twice a day in each eye approximately 12 hours apart. **RESTASIS®** can be used concomitantly with artificial tears, allowing a 15 minute interval between products. Discard vial immediately after use.

### HOW SUPPLIED

**RESTASIS®** ophthalmic emulsion is packaged in single use vials. Each vial contains 0.4 mL fill in a 0.9 mL LDPE vial; 30 vials are packaged in a polypropylene tray with an aluminum peelable lid. The entire contents of this tray (30 vials) must be dispensed intact. **RESTASIS®** is also provided in a 60 count (2 x 30) package (one month supply) that must be dispensed intact.

30 Vials 0.4 mL each - NDC 0023-9163-30

60 (2 x 30) Vials 0.4 mL each - NDC 0023-9163-60

**Storage:** Store **RESTASIS®** ophthalmic emulsion at 15° - 25° C (59° - 77° F).

**KEEP OUT OF THE REACH OF CHILDREN.**

**Rx Only**

Revised 01/2009

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# American Optometric Association NEWS

Volume 48

July 2009

No. 1



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## Delegates vote to approve board certification process



**Marrie Read, O.D., of the Armed Forces Optometric Society, proposes an amendment to the board certification proposal.**

The historic day on which the AOA House of Delegates approved the formation of the American Board of Optometry and the proposed model of the board certification process was filled with hours of discussion and debate.

Discussion on board certification in the House of Delegates began with past Distinguished Service Award recipient Les Walls, O.D., M.D., who is board certified as a family physician.

Dr. Walls said the two main reasons he supports

board certification for optometrists is to verify to the profession that someone is competent and maintains certification and to prove competence to the public, who do not understand optometry but understand board certification.

"If we are to be successful as a profession, we're going to always be 'under construction,'" he said. "We can't simply hope that all will be well."

Indiana Optometric Association President Richard Schamerloh, O.D., presented the opposing view on board

certification to the AOA House of Delegates.

Dr. Schamerloh stated that while optometry needs to be continually forward-thinking, it needs to do so in a way that keeps the profession united.

"Now is the time to showcase that we are part of the solution for the future health care system," he said. "The currently proposed board certification process builds on a health care system that is broken. If our goal is to

*See Vote, page 18*

## Conn. ODs visit senator



**Thirteen optometrists from across Connecticut took a day away from their practices to meet with U.S. Sen. Chris Dodd (D-Conn.), the acting chairman of the Senate Health Committee, to discuss health care reform legislation advancing in Congress. In response to concerns raised jointly by the Connecticut Association of Optometrists and the AOA, Sen. Dodd pledged to work to ensure that legislation before his committee would fully recognize ODs and expand access to eye and vision care.**

## Profession mourns loss of Cummings

Shock and sadness followed word that past AOA president Pat Cummings, O.D., Vistakon® America's Region vice president, was killed in a plane crash July 11 in St. Johns County, Fla. A graduate of Pacific University College of Optometry, he was a member of a private group practice in Sheridan, Wyo., before joining Vistakon. He became the AOA's 81st president in 2002.

AOA President Randy

Brooks, O.D., remembered Dr. Cummings as a "tireless champion for public health," who led the way for the AOA's Healthy Eyes Healthy People® program and InfantSEE®. "He was my good friend. My heart goes out to his family and to all within the optometric family who mourn his loss and remember his many contributions. We have lost a great leader and a truly remarkable human being."



**Pat Cummings, O.D., presents the Patrick Everet Cummings Memorial Scholarship, named for his son, to then-Pennsylvania College of Optometry Student Jean Suzanne Parker in this 2006 photo. Dr. Parker now practices at Digby Eye Associates in Greensboro, N.C.**



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**President's Column**  
Stepping out of  
optometry's  
comfort zone



4

**Optometry's Meeting®**  
Foxworthy  
highlight of  
Presidential  
Celebration



26

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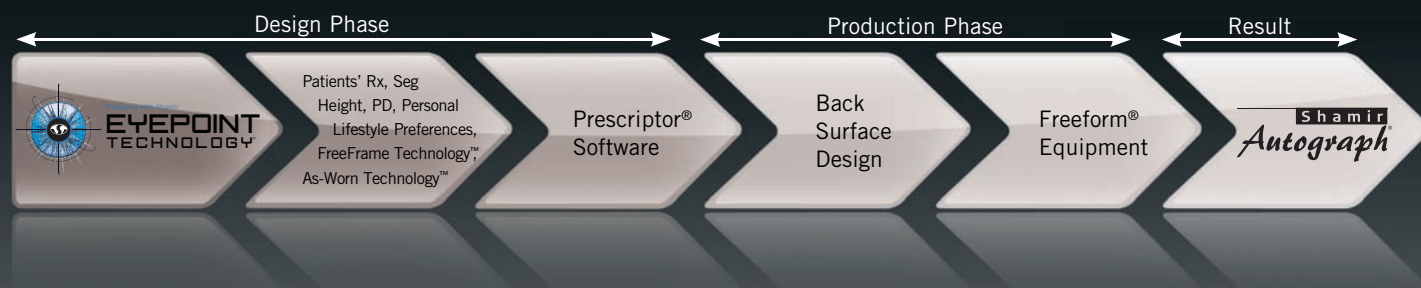
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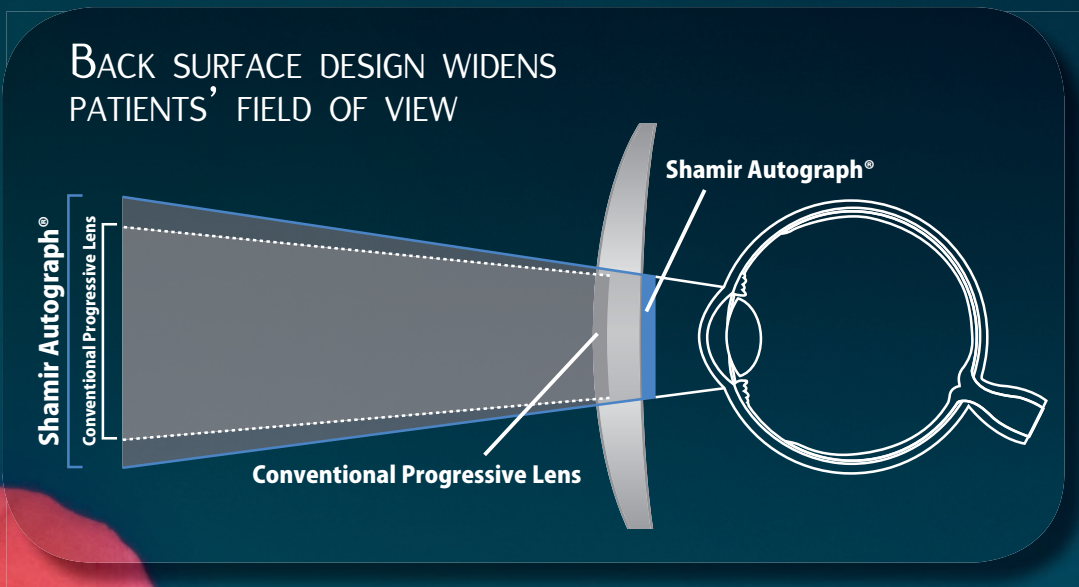
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## PRESIDENT'S COLUMN

# Stepping out of optometry's comfort zone

*The following article is excerpted from remarks by Randolph Brooks, O.D., as he was inaugurated as the 88th president of the AOA on June 27.*

**M**r. Speaker, delegates, members of the Board of Trustees, and honored guests. I am honored and humbled to stand before you today as the 88th president of the American Optometric Association.

In the 1986 film "Top Gun," Tom Cruise plays Maverick, a brash but troubled young naval aviator. The opening scene graphically shows his F-14 Tomcat being catapulted off a rolling aircraft carrier deck to the tune of Kenny Loggins singing "Danger Zone."

Life is full of zones; and although few of us would relish a catapult shot off of a carrier deck, instead we prefer another zone – our comfort zone.

Professionally we have our comfort zones. Most of us see patients on a regular basis. Our habits and preferences are evident each and every day. We start hours at a certain time, we take our breaks at a certain time, and for the most part we work in an office setting with familiar surroundings. Our staff, our offices and even the instrumentation layout in each room that we use for patient care is part of our familiar routine.

Even our protocols in the office have a comfort zone: the order of our steps taken to examine and treat patients and even the position of our fundus lenses, occluders and light

switch have that familiarity about them. They help keep us in our comfort zone.

Many of us have had the opportunity to practice in an unfamiliar setting at some time. Maybe it was as a new OD, working in an office when you first entered practice, or perhaps it when you filled in for an ill colleague only to find that the positions of even the simplest things in the examination room were unfamiliar. It took you out of your comfort zone.

Considering new concepts and ideas takes everyone

Optometry, you, the members of this 112th AOA House of Delegates, made a bold statement to advance the profession of optometry, a statement that will resonate for decades to come.

Considering new concepts and embracing change is never easy. Our members need us now more than ever to lead us through the changing landscape of health care and map out a course for optometry. While we don't have a crystal ball, we still need to do the best job we can to look into the future.

*Our members need us now more than ever to lead us through the changing landscape of health care and map out a course for optometry.*

way out of our comfort zone. Inaction is always easier, at least for the moment. It keeps us in our comfort zone.

Over the past two years and especially over the past six months, the entire profession of optometry has been asked to step out of our comfort zone and face reality in an imperfect and volatile health care landscape. It is not an environment of our choosing. We can affect it to certain extent, but we do not have the opportunity to control it.

Ayn Rand, noted novelist, said: "You can avoid reality, but you cannot avoid the consequences of avoiding reality." The choice we made Friday was to face that reality. By voting to participate in the formation and governance of the American Board of

While protecting our patients' sight and lives is a charge that we take seriously, we need to protect optometry's future in order to do that.

Access is a critical issue to us as practitioners and as a profession. If our patients don't have that access, in a non-discriminatory manner, nothing else matters. Scope of practice wins in our state legislatures have little meaning if our patients are denied equal access to our care either through medical panel exclusion or reimbursement inequities.

As we consider our future, now is the time for the profession of optometry to be inclusive, not divisive. Now is the time for those of divergent opinion to seek common ground. Now is the time not



**Dr. Brooks**

for "I was right" or "you were wrong," but rather, it is the time to develop together to evolve as a stronger profession.

We have learned much about ourselves and about our profession as a whole over the debate that our emergence into board certification has brought forth.

We have learned that we can disagree with one another without being disagreeable.

We have learned that unintended consequences of our actions are consequences none the less, and our failure to anticipate them is a lesson in leadership for us all.

And mostly, we have learned that making tough and unpopular decisions that move our profession forward needs to be done regardless of the fact that dealing with those issues has taken us totally out of our comfort zone.

How can a newly founded organization seek to develop new ways to demonstrate optometric competence without our input? It cannot. How can a new organization develop protocols and procedures without our opinions and

*See President, page 6*

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## LETTERS

### 3-D popularity a chance for education

Editor:

Every time a 3-D Movie comes out and I don't see the AOA attempting to use such an event to educate the public I am disappointed.

I feel that it is a golden opportunity for the AOA to get in some spectacular PR, especially since kids as well as adults who "can't see in 3-D" obviously can't use both eyes at the same time.

I just saw a TV piece with a man named David Klutho who is a 3-D photographer behind a lot of the recent 3-D hype. I even think there is a special issue of *Sports Illustrated* either already out or coming out touting 3-D pictures, even having 3-D glasses worn by someone on the cover.

I would like for the AOA Pediatrics and Binocular Vision Committee as well as that of the American Academy of Optometry to take this opportunity and run with it.

We all know that there are lot of kids out there who don't get their eyes examined until "there is a problem" (usually distance acuity found in a screening). We are simply not getting to the parents like Crest toothpaste did for the dentists in the 1950's. We see very few kids for their first eye exam who don't go to the dentist twice a year. And we also hear parents say "I thought the pediatrician did it"...or "I thought the school did it."

We can do a better job in educating, folks!

Bill Sharpton, O.D.,  
AOA Life Member  
Lakemont, Ga.

### Remembering a great one

Editor:

There are many starting points for the movement of optometry from a purely

vision care profession to a more encompassing health care discipline. But if I had to choose one it would be with Gideon Lang, the North Carolina optometrist who died earlier this month in his retirement home in Maryland.

Lang came back from the service in World War II desirous to begin practice in his father's optometric office. It did not take him long to learn that discrimination against optometry was rampant. As a decorated veteran of both the Army and the Navy, he was offended to learn on his return to civilian life and to the private practice of optometry that he was denied the right to ascertain if a patient was legally blind and, therefore, eligible for a blind pension under Title 10 of the Social Security Act, which restricted the testing to "a physician skilled in the diseases of the eye."

Lang had "guts" and a strong feeling of what was right and what was wrong. His nearly single-handed efforts in 1950 resulted in Title 10 of the Social Security Act being amended to allow optometrists to sign forms for blind individuals. It reads "or by an optometrist, whichever the individual may select." This small amendment was a gigantic step forward for the profession. Teaming up with John Costabile and John Robinson, Dr. Lang went on to lead the nation in getting diagnostic and therapeutic drug legislation for optometrists and what has been termed by many "the best law for optometry in the nation."

Dr. Lang will be buried in Arlington Cemetery on July 17 with full military honor. Our profession has, indeed, lost a great leader.

I am making a donation to Optometry's Charity's Book of Memory in Gideon's honor. I think he would like that and I hope you will join me in this remembrance.

Irving Bennett, O.D.  
Beaver Falls, Pa.



**Jon Brooks, right, swears in the 2009-2010 AOA Board of Trustees. From left are Trustees Samuel Pierce, O.D.; Christopher Quinn, O.D.; Andrea Thau, O.D.; Steven Loomis, O.D.; David Cockrell, O.D.; Mitch Munson, O.D.; Immediate Past President Peter Kehoe, O.D.; Secretary-Treasurer Ronald Hopping, O.D., MPH; Vice President Dori Carlson, O.D.; President-elect Joe Ellis, O.D.; and President Randolph Brooks, O.D.**

## Board elected to office

Randolph Brooks, O.D., was sworn in as the 88th president of the AOA at Optometry's Meeting® outside of Washington, D.C.

Joe Ellis, O.D., assumed the office of president-elect of the AOA.

"Joe is dedicated to his family, friends and patients and cares passionately about his profession," said Jerald Combs, O.D., who nominated Dr. Ellis for the position.

"He is a leader of leaders," said Lisa Howard, O.D., who also spoke on behalf of Dr. Ellis.

Dr. Ellis told the House of Delegates the most important thing is health care reform.

"This is the time we need to stand up for optometry," he said.

Dori Carlson, O.D., was elected to the office of vice president.

Dr. Carlson demonstrates integrity and the ability to motivate others, said Hilary Hawthorne, O.D.

Ronald Hopping, O.D., MPH, was elected to the office of secretary-treasurer.

Dr. Hopping is a very analytical person who takes a long-term view, said

Mark Piccolo, O.D.

Mitch Munson, O.D., was elected to a three-year term as an AOA trustee.

"Mitch is always on the job," said Tom Annunziato, O.D. "He's an ambassador by example for the profession."

Christopher Quinn, O.D., was elected to a three-year term as an AOA trustee.

"His passion and concern for optometry is evident in every conversation you have with him," said Michael Veliky, O.D.

Samuel Pierce, O.D., was elected to a one-year term as an AOA trustee.

"He is a proven leader in the profession," said John Amos, O.D. "He possesses the desire to be a part of the continuing growth of the profession."

Kevin Alexander, O.D., Ph.D., ended his service to the AOA after serving as immediate past president this year.

Dr. Alexander said he eats, drinks and sleeps optometry 24 hours a day.

"I spent 10 years on the board," said Dr. Alexander. "I hope I made you proud."

Peter Kehoe, O.D., assumed the office of immediate past president.

"It was an incredible ride," he said.



**AOA Immediate Past President Pete Kehoe, O.D., and AOA President Randy Brooks, O.D., welcome delegates from the South Korean Optometric Association who were at Optometry's Meeting® to promote cooperation between the AOA and international optometry.**



## President,

from page 4

ideas? It cannot. How can a newly formed organization hope to serve the profession and the public without our advice and counsel? It cannot.

I call upon all of you to move out of your comfort zones to spend the next year engaging in a level of communications and educational activity that is unprecedented in the history of organized optometry. No matter what side of the board certification/maintenance of certification debate you have argued, the profession has spoken. Now is the time to come out of your comfort zone. It is time to pull together, and it is time to see the other side of this monumental issue. I call on all in the optometric community to attend national, regional, state and local meetings to convey concerns, ask questions and become informed. We are a small profession, and we must all come out of our comfort zone and understand the all views in order to move forward.

Two-way dialogue at regional and state meetings is not only desirable, it is vital. I am asking every single affiliate to pledge to give your AOA visiting trustee not 20 minutes for an AOA report, but several hours to hold a town hall meeting to understand the concerns of members and what to expect from the new program. Your liaison trustee is there for you all year long, not just your annual meeting.

We have learned over the past year increased communications efforts need to take multiple formats. We have learned that social media are changing the way we communicate not by evolution but by revolution.

Web 2.0 has taught us that organizations need to reach out to members in a variety of formats. Expect to see changes this year in electronic formats with audio and video messaging to keep our members informed.

And as AOA reaches out to communicate with our members, we also reach out to

communicate with members of Congress as part of our ongoing efforts to advocate for every optometrist to be able to deliver care to patients in a patient-centered, non-discriminatory health care environment.

Optometry did not frame the vast and ongoing changes over health care reform that have taken place and continue to evolve. We represent a small percentage of the doctoral health care providers in the United States but our influence is felt strongly in Washington. We have shown the courage to take steps to ensure our inclusion in a fair manner. Our advocacy efforts in Washington earn us great respect from legislators on both sides of the aisle.

Rep. James E. Clyburn (D-S.C.), U.S. House Majority Whip, said, "The AOA has emerged as one of the most respected and most effective health care organizations in Washington, D.C. From working with their outstanding Capitol Hill team, I know that optometrists – doctors on the frontline of eye and vision care – are determined to help the new Congress and the new president seize this important opportunity to improve health care in America."

As our health care system in this country changes, how can we as a profession seek to blend our talents, smooth out the differences and move forward together? Many have incorrectly assumed that our efforts to consider board certification stem from a desire to be *liked by* medicine, but rather it is to be *seen like* medicine by patients, health care entities, regulators and legislators.

In reimbursement and the demonstration of quality we need to look like medicine. It is critical that we define optometry as a profession and that we are not defined by the government, payers or by organized medicine. Over the coming year you will continue to see changes in how we serve you, our members. It is our duty as your professional

association to help every optometrist to be successful not just in the clinical aspects of their practices but also to be successful in the business of running our practices. Our new Clinical and Practice Advancement Group has a new charge and merges both the patient care and the business of optometry into one center.

With new staff and new direction this past year, the AOA's new Third Party Center has become an advocate for true reform in vision benefits. As the AOA Board continues to provide strategic direction that began under Dr. Kehoe's

Comprehensive wellness should be included mainstream in every patient's medical plan with reimbursement paid in a non-discriminatory manner. And every doctor of optometry needs to seriously analyze each and every insurance plan and individually consider whether joining a panel makes business sense for the practice.

You can expect a major focus of the work of the Third Party Center to involve partnerships and alliances within the ophthalmic and payer community. Developing a mainstream eye health benefit also makes from an outcomes

with lack of portability of licensure. Some speak about a national license, but what they are really looking for is a means for ODs to be able to move from one state to another and have a reasonable method to become licensed in that state. Over the coming year, the AOA will increase our efforts to remove obstacles so that optometrists can be licensed in the state of their choosing without artificial restrictions.

Membership is Job 1. Our members are the reason that the AOA exists. They are our purpose. And the resources – in the way of dues, time, energy and expertise – that you contribute as AOA volunteers and state affiliates are the fuel that runs our engine.

Every program we propose over the next year needs to answer the questions: "How does this program positively impact our members? Will it grow membership? Does it show the value that their AOA dues dollars bring to the table?"

The AOA's legislative and regulatory efforts throughout 2009 will continue and ramp up as new health care legislation is developed. Your efforts and those of our Washington staff help ensure that optometry's voice is heard loud and clear on Capitol Hill.

And while we are talking about optometry's voice, the Optometry Awareness and Public Affairs Campaign continues to increase public awareness and the image of optometry: In 2008 we had over a BILLION media impressions. That's messaging.

As we enter a new program year at the AOA, I have messaged each and every committee at our Spring Planning Meeting in April: Every program undertaken must be able to address the following three questions:

- ❖ Will it cause the public to seek out optometric care?
- ❖ Will it give members bet-

---

*The idea of a patient needing to consult a separate listing for a doctor of optometry while ophthalmology is listed with every other physician on the regular plan is illogical and not in the best interest of good patient care.*

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leadership, we have moved from simply trying to get optometrists on medical panels to asking a more basic question: Why is the wellness eye exam not mainstreamed as part of every patient's health plan?

Furthermore, why does a patient need a separate insurance for an eye examination? After all, do family physicians see their patients under one insurance if you are ill and another if you are having a physical exam? I dare say not. Do dentists see patients for an exam, x-rays and a cleaning under one plan, yet perform restorative work under yet another insurance? I dare say not.

Vision plans are fine for materials, but the idea of a patient needing to consult a separate listing for a doctor of optometry while ophthalmology is listed with every other physician on the regular plan is illogical and not in the best interest of good patient care.

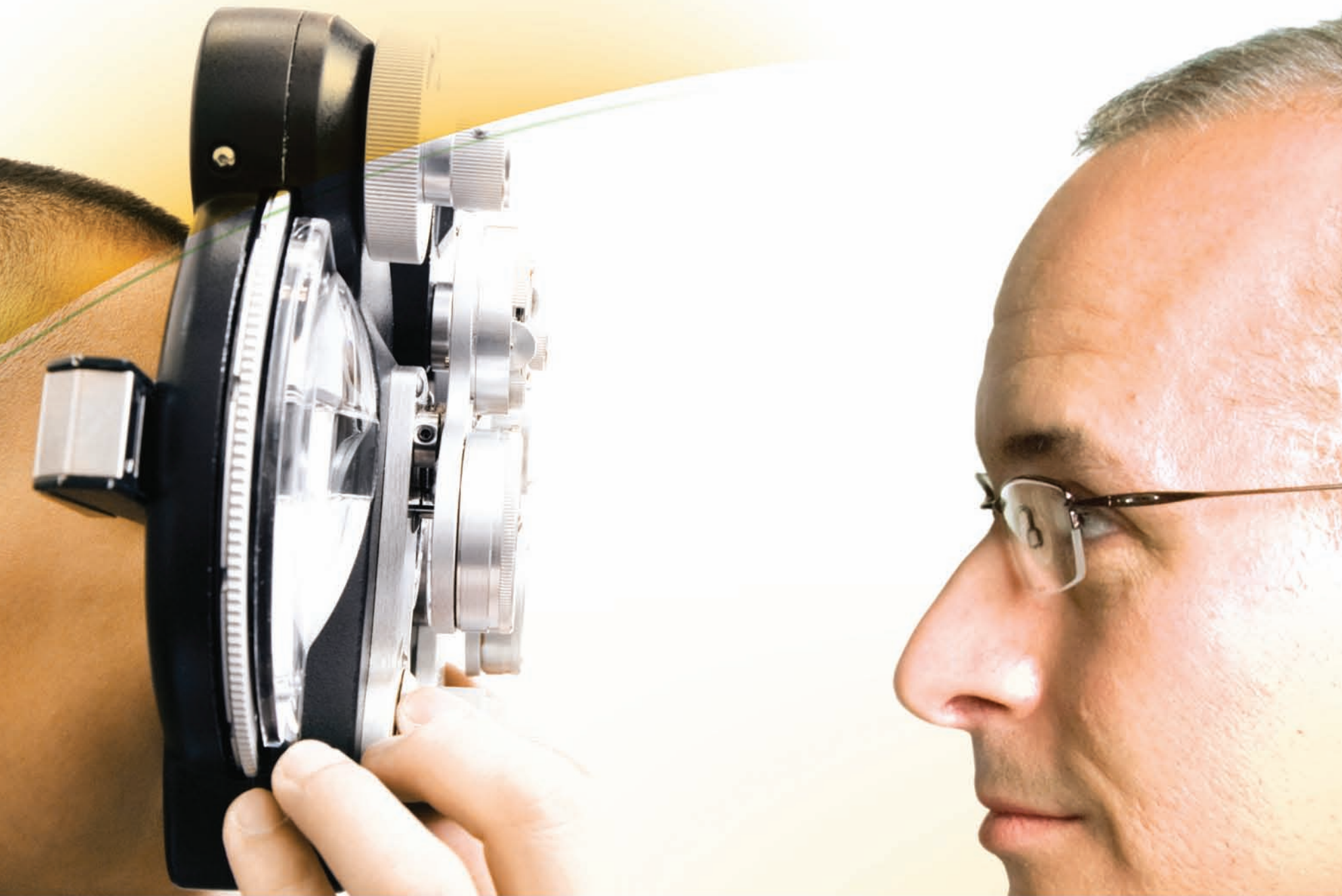
perspective. We are working with employers to develop the data that show the cost savings that result when comprehensive eye care is a mainstream covered benefit for all patients.

Expect to see the AOA partnering with affiliates to grow membership and deliver value to members. As AOA affiliates, you are our direct connection to our mutual members.

Growing AOA membership and delivering value to members is our common goal. Without your efforts, membership will not grow. Cross pollination of best practices between the states to increase membership is an area that the AOA will facilitate over the coming year. My charge is to develop closer relationships with our affiliates in order to meet our membership needs and concerns in a comprehensive and collaborative manner. And, as we listen to our members at state meetings, a recurring theme is unhappiness

See President, page 30





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# ODs of the Year showcase commitment to profession

## **MARTHA GREENBERG, O.D.** **Alabama Optometric Association**

Martha Greenberg, O.D., is a 1974 graduate of the Southern College of Optometry (SCO) who became the first female chair of the college's board of trustees. She serves on the board of directors for Optometry's Charity™ - The AOA Foundation and is also an AOA-PAC representative. A long-standing member of the AOA and the Alabama Optometric Association (ALOA), Dr. Greenberg has served her state affiliate in every leadership position, including zone president, member of the board of directors, member of the ALOA-PAC Board of Directors and, in 2004, as state association president. She received the Alabama Optometrist of the Year Award in 2008 and the Southern Council of Optometry's Optometrist of the South Award in 2009.



## **PATRICIA F. WESTFALL, O.D.** **Arkansas Optometric Association**

Patricia F. Westfall, O.D., is a 1995 graduate of the Southern College of Optometry (SCO). She currently has two practices in Arkansas (Flippin-Westfall Eye Care Center in Searcy and Heber Springs Eye Care Center in Heber Springs). Dr. Westfall has been a member of the AOA and the Arkansas Optometric Association (ArOA) since her graduation from SCO. She has served on the Arkansas association's board of directors and currently is serving her fifth year as the association's secretary-treasurer. Dr. Westfall has been the recipient of Arkansas Optometric Association's Special Service



Award, Young Optometrist of the Year, and Optometrist of the Year.

## **MICHAEL E. JOHNSON, O.D.** **Armed Forces Optometric Society**

Michael E. Johnson, O.D., is commander of the 39th Medical Group, Incirlik Air Base, Turkey. He received the W. David Sullins Award for Outstanding Service in Optometry from the Association of Military Surgeons of the United States (AMSUS) in 2008, as well as the AOA Optometric Recognition



Award in both 1993 and 1994. He has authored eight articles for peer-reviewed journals including a 1993 article in *Optometry: Journal of the American Optometric Association*. He was volunteer examiner for The National Board of Examiners in Optometry from 2005 to 2008. A 1983 graduate of the Michigan College of Optometry at Ferris State University, Dr. Johnson is active in the AOA Contact Lens and Cornea Section and the InfantSEE® program.

## **LEE A. GOLDSTEIN, O.D.** **California Optometric Association**

Lee A. Goldstein, O.D., is the California Optometric Association (COA) Optometrist of the Year for 2008. Dr. Goldstein has been active in organized optometry since graduating from the University of California-Berkeley School of Optometry in 1966. He practiced in Pomona and Claremont, Calif. for 40 years. In addition to active involvement with the AOA, Dr. Goldstein is past president of the COA and the Inland Empire Optometric Society (IEOS). He is vice



chair of the COA Legislation and Regulation Committee and moderator of the COA President's Council. Dr. Goldstein is president of the State Board of Optometry. He has also served on the National Board of Governors of the American Red Cross (ARC) and is a facilitator of the ARC Chapter Chair Institute.

## **JOYCE NATIONS, O.D.** **Georgia Optometric Association**

Joyce Nations, O.D., is a graduate of the University of Alabama at Birmingham School of Optometry.



She maintains practices in Dawsonville and Canton, Ga. Dr. Nations is the president of the GOA. She has also served as the association's vice president (2007-2008), treasurer (2006-2007), secretary (2005-2006) and as chair of the association's board of trustees (2004-2005). She has also served as chair of the association's membership and election committees. She received the GOA Optometrist of the Year Award in June 2008. Dr. Nations was also integrally involved in the Healthy Eyes Healthy People program during 2008.

## **LOUISE SCLAFANI, O.D.** **Illinois Optometric Association**

Louise Sclafani, O.D., is an associate professor of ophthalmology and director of the eye clinic at the University of Chicago Center for Advanced Medicine. She has served as the AOA Contact Lens and Cornea



Section (AOA-CLCS) secretary (2004-05), vice chairman (2005-06), chair-elect (2006-07), and chair (2007-08), as well as editor of the section's *Making E-Contact* newsletter (2001-02). Dr. Sclafani has served the IOA as president, president-elect,



**Immediate Past President Pete Kehoe, O.D., presents the Optometrist of the Year award to Deanne Alexander, O.D., of Colorado at Optometry's Meeting® in Washington, D.C.**

vice president, trustee for education, and president of academic affairs for the association's Chicago North Side Chapter. Her honors include the IOA Young Optometrist of the Year (1998) and Optometrist of the Year (2008); AOA-CLCS Roger Kame Special Recognition in Contact Lenses Award (2008); and recognition by *Review of Optometry* as one of "The Top 10 Women at the Forefront of Optometry."

## **DAVID WEIGEL, O.D.** **Indiana Optometric Association**

David Weigel, O.D., graduated from the Indiana University School of Optometry in 1982 and has worked in a private group practice since then. Dr. Weigel has been a member of the AOA since December 1982. He served as treasurer of the Whitewater Valley Optometric Society from 1985 to 1987 and as the society president from 1987 to 1989. Dr. Weigel was co-chair of the Indiana Optometric Association-Indiana University School of Optometry Liaison Committee from 1988-1992. He served as trustee for his state optometric association from 1993 to 1997. Dr.



Weigel has worked with VISION USA since the program's inception and is also an InfantSEE® provider.

## **JEFF ANDERSON, O.D.** **Iowa Optometric Association**

Jeff Anderson, O.D., is a 1987 graduate of the Houston College of Optometry. He is a partner at Boone Vision Center in Boone, Iowa. Dr. Anderson served the IOA in many capacities, including as president of the IOA in 2000-2001. He is co-chair of the IOA Government Relations Committee, a past member of the IOA Education Committee, and a past co-chair of the IOA Third Party Relations Committee. Dr. Anderson is the most recent recipient of the IOA Optometrist of the Year Award.

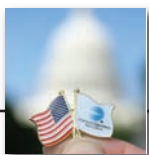


## **WARREN THOMAS, O.D.** **Kansas Optometric Association**

Warren Thomas, O.D., graduated from the University of Houston College of Optometry (UHCO) in 1965. He passed away in December

see ODs of the Year, page 10





## EYE ON WASHINGTON



**Representatives of the Oklahoma Association of Optometric Physicians (OAOP) visited Capitol Hill as part of the AOA Congressional Advocacy Conference. Back row from left, Northeastern State University Oklahoma College of Optometry (NSUOCO) student Tyler Glaze; OAOP President Russell Hopkins, O.D.; Congressman Frank Lucas; Michael Bennett, O.D.; Max Venard, O.D.; front row, OAOP President-elect Jo'el Sturm, O.D.; Jari Frazier, O.D.; OAOP Chief Executive Officer Sandra Naifeh, Kathleen Elliott, O.D.; and NSUOCO student Mackenzie Weir.**

Photo by Tonia Batts

## Revised False Claims Act tightens overpayment rules

Federal efforts to crack down on the financial industry could impact health care practitioners who file claims for reimbursement under federal health plans such as Medicare and Medicaid, the AOA Advocacy Group warns.

Under recently enacted revisions to the federal False Claim Act, knowingly and improperly retaining an overpayment from a federal health plan could be considered a false claim, the AOA Advocacy Group notes. The revised law also effectively places responsibility on health care practitioners to determine if they have received an overpayment.

Those who receive an overpayment but do not detect it may be at risk for penalty under the revised law.

Health care practitioners who discover an overpayment should consult with an attorney regarding their obligations

under the law, the AOA Advocacy Group advises.

In addition to requiring health care practitioners to return overpayments, the revised law makes it easier for government investigators to take action against health

care providers or state Medicaid programs may soon come under greater scrutiny by federal officials.

Under the newly revised law, government officials have power to scrutinize any information, submitted by a

health care practitioner, which may influence a government health plan's decision to provide reimbursement.

For that reason, practitioners should take care to make sure that any supporting documentation for claims – such as responses to claim inquiries – provide accurate information, the AOA Advocacy Group

advises.

The new False Claims Act revisions eliminate constraints on government investigators that were imposed under a pair of U.S. Supreme Court rulings in 2004 and 2008.

care providers who file fraudulently bill the government indirectly through an entity that contracts with the government, the AOA Advocacy Group notes

As a result claims submitted through Medicare pri-

*The revised law makes it easier for government investigators to take action against health care providers who fraudulently bill the government indirectly through an entity that contracts with the government.*

## NEI launches online vision science resources

The National Eye Institute (NEI) has unveiled three online resources to give the public an inside look at eye research and its impact on public health.

**Online newsmagazine** – “Eye on NEI” will feature in-depth stories, interviews with researchers, vision science images, and answers to eye health questions.

The first biweekly edition includes a profile of Erik Weiheymayer, the only blind man to reach the summit of Mount Everest.

Weiheymayer recounts his experiences with testing a breakthrough vision device known as BrainPort.

The device, developed with NEI support, allows visually impaired people to “see” objects and words by relaying electrical signals from the tongue to the brain.

The online newsmagazine can be accessed at [www.nei.nih.gov/EYEonNEI](http://www.nei.nih.gov/EYEonNEI).

**Multimedia research timeline** – This interactive timeline details the research path toward gene therapy treatment for Leber congenital amaurosis (LCA).

In a recent NEI-supported study, three young adults with LCA experienced improvements in day and night vision after undergoing gene therapy.

The timeline incorporates video interviews with researchers, scientists, and medical experts to trace the scientific process from the laboratory bench to the patient's bedside.

The timeline can be accessed at [www.nei.nih.gov/lca/nei\\_timeline](http://www.nei.nih.gov/lca/nei_timeline).

**Vodcast and podcast** – Many vision problems can go undetected without regular, comprehensive dilated eye exams.

In vodcast and podcast interviews for the new Healthy Eyes Web page, the NEI's Janine Austin Clayton, M.D., explains for the public how nearsightedness, farsightedness, astigmatism, and presbyopia are easily corrected once diagnosed.

Visitors can also use the Web page to send free e-cards to encourage family and friends to get their vision checked.

The vodcasts and podcasts can be accessed at [www.nei.nih.gov/healthyeyes](http://www.nei.nih.gov/healthyeyes).

The NEI introduced the new online public education resources last month in conjunction with its May observance of Healthy Vision Month.

The agency believes they will be of interest to the nearly 14 million Americans who experience vision problems, ranging in need from simple refractive error to sight-threatening eye diseases.

The NEI, a component of the National Institutes of Health, is the federal government's lead agency for vision research that leads to sight-saving treatments and plays a key role in reducing visual impairment and eye conditions.

For more information, visit the NEI Web site at [www.nei.nih.gov](http://www.nei.nih.gov).



## ODs of the Year,

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2008 after a decade-long battle with cancer. Dr. Thomas retired from his Coffeyville, Kan. private practice in 2005.



He served on the Kansas Optometric Association (KOA) practice management, safety, nominating, resolutions, ethical practice, assistance to graduates and undergraduates, professional standards, political action, consumer relations, and interprofessional relations committees. Dr. Thomas was also the president of the Southeast Kansas Optometric Society. In addition to other volunteer work, Dr. Thomas participated in VISION USA and the Eye Care Council's See To Learn® program. Dr. Thomas is to be recognized as the 2009 KOA Optometrist of the Year at the association's annual convention this fall.

### DAVID DITTO, O.D. Kentucky Optometric Association



David Ditto, O.D., was honored by the Kentucky Optometric Association (KOA) as its 2008 Optometrist of the Year. He has served on numerous KOA committees and on the board of the Kentucky Optometric Foundation. He is an AOA-PAC supporter and a member of the Southern Council of Optometry. Dr. Ditto holds a B.A. degree in chemistry from Ashbury College in Wilmore, Ky., as well as a B.S. in physiological optics and a doctorate in optometry from the University of Alabama at Birmingham (UAB) School of Optometry. He received the Vodnoy Clinical Optometry Science Award for excellence in Clinical Optometry in 1978. He is a member of the Jessamine County Board of Health.

### DAVID D. REED, O.D. Maryland Optometric Association

David D. Reed, O.D., is a 1993 graduate of the



Pennsylvania College of Optometry (PCO). He currently practices at Seidenberg Protzko Eye Associates in Maryland. An AOA member since his student days at PCO, Dr. Reed has been an active Maryland Optometric Association and its Northeast Section since 1993. He has been a consultant for the Accreditation Council on Optometric Education (ACOE) since 1999. He was named an ARBO representative to the council in 2008 and was appointed to the Maryland State Board of Optometry in 2000. He currently serves as president of the board having been elected to that office in 2005.

### ALAN RAPOPORT, O.D. Massachusetts Society of Optometrists

Alan Rapoport, O.D. is a 1986 graduate of the New England College of Optometry. He maintains his own practice in Canton, Mass. Dr. Rapoport is a member of the AOA and the Massachusetts Society of



Optometrists (MSO). He became president of the MSO in June 2006 and held the office until June 2008. In addition to serving as president, he has been chair of the MSO Continuing Education Committee since 2006. Dr. Rapoport was instrumental in creating the Massachusetts Vision Foundation and serves as the foundation's president. In 2008, Dr. Rapoport was awarded the MSO Optometrist of the Year Award.

### KENT STRIBLING, O.D. Mississippi Optometric Association

Kent Stribling, O.D., a 1983 graduate of the

University of Alabama at Birmingham School of Optometry, is in private practice at Philadelphia Eye Care in Philadelphia, Miss. Dr. Stribling has been a member of the AOA since 1979 and the Mississippi Optometric Association since 1983. He was MOA president from 1999-2000 and has chaired numerous state committees, including the education committee and the industry relations committee. He is Mississippi's Vision Service Plan representative. A tireless supporter of the MOA's legislative agenda, he is a regular contributor to the MOA Political Action Committee. In 2008, Dr. Stribling received the MOA's James Brownlee Optometrist of the Year Award.



### JAMES M. HUNT, O.D. Missouri Optometric Association

James Hunt, O.D., is a 1999 graduate of the Inter American University of Puerto Rico School of Optometry. Dr. Hunt practices at Vision Improvement Clinic in Doniphan and Piedmont, Mo., the practice he established in 2000. He has been a member of the AOA since he was an optometry student and joined the MOA on establishing his practice. Dr. Hunt serves as a liaison to the MOA Paraoptometric Group and recently became the editor of *Vision*, the MOA's bimonthly electronic newsletter. As a member of the MOA Public Relations Committee, he also oversees the content on the association Web site.



### RODOLFO L. RODRIQUEZ, O.D. New Jersey Society of Optometric Physicians

Rodolfo Rodriguez, O.D., has served an important role as spokesperson for AOA in many television and radio appearances, communicating

in both English and Spanish. Dr. Rodriguez has served as a New Jersey Society of Optometric Physicians (NJSOP) Legislative Keyperson and was awarded the society's Optometrist of the Year Award in 2008. He is a 1982 graduate of the State University of New York (SUNY) State College of Optometry. Dr. Rodriguez became an AOA member while a student at SUNY and joined the NJSOP after entering practice in 1982. He participates in the InfantSEE® program.



### STEVEN WOLFE, O.D. Nebraska Optometric Association

Steven Wolfe, O.D., is a 1986 graduate of the



University of Houston College of Optometry (UHCO). He practices with Exclusively Eyecare in Omaha, Neb. Dr. Wolfe is a member of the AOA and Nebraska Optometric Association (NOA). He served on the NOA Board of

Directors from 1996 to 2000 and again from 2003 to 2006, serving as NOA president in 2005. Dr. Wolfe currently serves on the NOA-PAC Board of Directors. Dr. Wolfe was awarded an NOA Presidential Citation in 2006 for his legislative efforts and was honored again in 2007 as NOA Keyperson of the Year. He was the recipient of the NOA Young Optometrist of the Year Award in 1993 and was named the 2008 NOA Optometrist of the Year.

### DWIGHT THIBODEAUX, O.D. New Mexico Optometric Association

Dwight Thibodeaux, O.D., is a 1981 graduate of the Southern College of Optometry. He is a member of both the AOA and the New Mexico Optometric Association (NMOA). Through the NMOA, Dr. Thibodeaux offers lectures for both optometrists and their staffs on billing and coding as well as on ocular medi-



See ODs of the Year, page 12

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References: 1. CIBA VISION® data on file, 2008. On average vs. OPTI-FREE® RepleniSH®. 2. CIBA VISION data on file, 2006. According to subjective ratings given by silicone hydrogel lens wearers in a clinical study comparing Clear Care to OPTI-FREE RepleniSH, OPTI-FREE EXPRESS® COMPLETE® MoisturePLUS™ and ReNu MultiPlus® as a group. 3. Dillehay SM, McCarter HE, et al. A comparison of multi-purpose care systems. *Contact Lens Spectrum*. 2002; April: 30-36. 4. Carnt N, Willcox MDP, Evans V, Naduvilath TJ, Tilia D, et al. Corneal staining: the IER matrix study. *Contact Lens Spectrum*. 2007; 22(9):38-43. 5. CIBA VISION data on file, 2006.

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## ODs of the Year,

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cine and surgery. He has served as an NMOA Legislative Committee member, NMOA Third Party Committee chair, AOA Carrier Advisory Committee representative, and as a Third Party Liaison to the AOA. Dr. Thibodeaux also served on the NMOA Board as an area director from 1999-2001. The NMOA elected him as Optometrist of the Year in both 2001 and 2007.

### SCOTT PHILIPPE, O.D. North Carolina State Optometric Society

Scott Philippe, O.D., is a 1988 graduate of the Southern College of



Optometry. He currently practices with Charlotte Optometry Group and

Piedmont EyeCare Associates in Charlotte, N.C. Dr. Philippe is a member of both the American Optometric Association and the North Carolina Optometric Society (NCOS). Dr. Philippe has served as NCOA president, vice president, trustee, and education chair. He also served on the North Carolina Governor's Commission on Early Childhood Vision from 2006 to 2009. In 2001, he was recognized as North Carolina Young Optometrist of the Year as well as being voted one of the Top Optometrists in America from 2002 to 2008. Dr. Philippe was the recipient of the NCSOS Presidential Award in 2008.

### JOSEPH RACZEK, O.D. New Hampshire Optometric Association

Joseph Raczek, O.D., is a 1980 graduate of the Indiana University

School of Optometry. He served as an optometrist in the US Air



Force from 1980 to 1986 and since has been in private practice in Milford, N.H. Dr. Raczek is a member of the

AOA and the New Hampshire Optometry Association (NHOA). He has been involved in NHOA in many capacities, including service on its board of directors and as its state liaison to Volunteer Optometric Service to Humanity (VOSH)/International. In recognition of his significant efforts to form a liaison with New Hampshire's Medicaid system and its director, he was awarded the 2008 NHOA Optometrist of the Year Award.

### JOSEPH STUDEBAKER, O.D. Ohio Optometric Association

Joseph Studebaker, O.D., was recognized with the Ohio Optometric Association (OOA) Outstanding



Service Award (1996, 2005) and OOA Optometrist of the Year Award (2008). The AOA Keyperson for Rep. Michael Turner (R-Ohio), Dr. Studebaker has served on the AOA Affiliate Relations Project Team, AOA Eye Care Benefits Center, AOA Federal Relations Committee, and AOA Communications Group Advisory Committee. He is a past OOA president and OOA board member (1996-2003). He chairs the OOA Payer Compliance Committee and has also served on the OOA Member Benefits Committee, OOA Practice Enhancement Committee (as chair), OOA Quality Assurance Committee, and OOA New Technology Committee. He co-authored OOA's initial Ocular Pharmaceutical Pocket Reference and writes a column on insurance issues for *Perspectives*, the OOA quarterly magazine.

### LEN D. HART, O.D. Oklahoma Association of Optometric Physicians

Len D. Hart, O.D., is a 1980 graduate of the Southern College of Optometry. He maintains a

private practice in



Collinsville, Okla. In 1988, Dr. Hart was elected President of the Oklahoma Association of

Optometric Physicians (OAOP) and recently completed a year as president of the Southwest Council of Optometry. He has been actively involved in legislative efforts to secure optometric prescriptive authority for topical, diagnostic and oral pharmaceutical; authority for use of ophthalmic lasers; and the inclusion of the term "surgery" in the state optometry law. Most recently, Dr. Hart was presented with the OAOP's 2008 Optometric Physician of the Year award.

### ALLAN J. HUDSON, O.D. Oregon Optometric Physicians Association

Allan Hudson, O.D., is the chair of Optometry's Meeting® Executive Committee. He is also a past chair and longtime member of the AOA Statutory Scope Committee. He has twice been sergeant-at-arms for the AOA House of Delegates and has served as chair of the AOA President-Elect Planning Conference. He is a member of the AOA Contact Lens and Cornea Section and has actively contributed to AOA-PAC. Dr. Hudson has served as the Oregon Optometric Physicians Association (OOPA) president-elect, president, past-president, and senior past-president. A 1981 graduate of Pacific University College of Optometry, Dr. Hudson maintains a private practice in Redmond, Ore., and is an InfantSEE® provider.

### SCOTT A. EDMONDS, O.D. Pennsylvania Optometric Association

Scott Edmonds, O.D., a longtime member of the AOA Eye Care Benefits Center,

authored the AOA Optometrist's Guide to Managed Care pamphlet. He has also served



as chair of the AOA Practice Opportunities Committee. He served on the AOA Eye Care Benefits Center, AOA Information & Data Committee and AOA Student Membership Project Team, and he was a consultant to the AOA Membership Development Committee and AOA Vision Benefit Plans Committee. The 2008 Pennsylvania Optometric Association (POA) Optometrist of the Year, Dr. Edmonds is past POA president (1988) and board member (1984-1990). Dr. Edmonds is a member of the POA Eye Care Benefits Committee and chair of the POA Quality Assessment and Improvement Committee.

### KURT STEELE, O.D. Tennessee Optometric Association

Kurt Steele, O.D., graduated from the Southern College of Optometry in 1995 and has been associated with



his current practice in Newport since 1996. He is proudly a member of the AOA Low

Vision Rehabilitation Section, the Smoky Mountain Optometric Society, and the Southern Council of Optometrists. Dr. Steele is a past president of the TOA (2003-2004). He received the TOA Young Optometrist of the Year award in 1999 and the association's Optometrist of the Year award in 2008. Dr. Steele began his service to organized optometry as a member of the TOA Board of Trustees, representing the East Tennessee Optometric Society (1997-2000).

### EARL SMITH, III, O.D. Texas Optometric Association

Earl Smith, O.D., is dean of the University of Houston College of Optometry (UHCO) and holds the college's Greeman-Petty Professorship in Vision Development. He is a recipient of the Glenn Fry Award from the American Academy of Optometry (1996) and is a two-time co-recipient of the International Glaucoma Review Award (1999, 2002). He is a past president of the American Optometric Foundation (2002), a past chair of the National Institute of Health's (NIH) Central Visual Processing Study Section (2001-2003) and an NIH National Advisory Eye Council member. He has served on TOA's Academic Relations Committee (1998-2002). Dr. Smith was the TOA Educator of the Year in 2003 and is the association's Optometrist of the Year in 2009.



### JEFFREY C. MICHAELS, O.D. Virginia Optometric Association

Jeffrey C. Michaels, O.D., earned his doctorate degree from Michigan College of Optometry at Ferris State University and completed a residency at the Wilmer Eye Institute at Johns Hopkins University. Dr. Michaels has served as an officer of his local optometric society and on the Virginia Optometric Association's Board of Trustees. He currently serves as the state association's president-elect while remaining active in Southern Council of Optometry (SECO) educational endeavors.



see ODs of the Year,  
next page



# Young ODs reflect future of profession

## **MARK SHIREY, O.D.** **Alabama Optometric Association**

Mark Shirey, O.D., is a 2000 graduate of the Southern College of



Optometry. He currently has his own private practice, Southern Vision Care, in Mobile, Ala. Dr. Shirey is a member of the AOA and the Alabama Optometric Association (ALOA). He served on the state association's board of directors in 2008 and has served as its Gulf Zone president. Dr. Shirey recognizes the importance of legislative activity to the profession of optometry and serves as the AOA Keyperson to his new senator. He was awarded the Young Optometrist of the Year award by ALOA for his dedication to the profession.

## **NEHA AMIN, O.D.** **Arizona Optometric Association**

Neha Amin, O.D., is a 1999 graduate of the



University of Missouri-St. Louis School of Optometry. She practices with the Advanced Vision & Achievement Center in Phoenix. Dr. Amin is a member of both the AOA and the Arizona Optometric Association (AZOA). She is directly involved in fundraising for the AOA-PAC, as well as the AZOA PAC. She serves as the AOA Keyperson for her district. Dr. Amin is a long standing member of the AZOA Board of Directors, and is the association's incoming president for 2009-2010. She has also served on the AZOA Healthy Eyes Healthy People Committee

and as the finance chair for the AZOA Budget & Finance Committee. She was named Arizona's 2008 Young Optometrist of the Year.

## **CHEVRON ERGLE, O.D.** **Arkansas Optometric Association**

Chevron Ergle, O.D., is a 2004 graduate of the Southern



College of Optometry. Dr. Ergle is a member of the AOA and the Arkansas Optometric Association (ArOA). In 2007, he became the chair of the Arkansas Optometric Physicians PAC organization. Dr. Ergle is also a member of the ArOA Career Guidance, ArOA Student Liaison Committee, ArOA Public Information Committee, and has been the co-chair of the ArOA Recreation Committee since 2005. In 2008, he was the recipient of his state's Young Optometrist of the Year award.

## **DAVID C. HICKS, O.D.** **Armed Forces Optometric Society**

David C. Hicks, O.D., is a 1999 graduate of the Southern College of Optometry. He is stationed at the New England Naval



Health Clinic in Newport, R.I. and is a member of the adjunct clinical faculty for the New England College of Optometry and the Southern College of Optometry. Dr. Hicks is a member of the AOA and the Armed Forces Optometric Society (AFOS). He was awarded the Navy Extern Director of the Year Award in 2007 and the Navy and Marine Corps Commendation Medal for outstanding service as Department Head for Optometry, Expeditionary Marine Force (EMF), Kuwait, from February to August, 2008.



**Lillian Kalaczinski, OD., accepts the Young Optometrist of the Year award from Immediate Past President Pete Kehoe, O.D.**

## **DERRON LEE, O.D.** **California Optometric Association**

Derron Lee, O.D., is a 2003 graduate of the State University of New York (SUNY). Dr.



Lee currently practices at Midtown Optometry and Derron Lee Optometry & Associates in Stockton, Calif. He is a member of the AOA, the California Optometric Association (COA) and the San Joaquin Optometric Society. He serves as president, treasurer and Web site designer for the San Joaquin society.

## **CHRISTOPHER A. VINCENT, O.D.** **Colorado Optometric Association**

Christopher A. Vincent, O.D., is a 2001 graduate of the Nova Southeastern University College of Optometry. He is a partner in a private practice



in Highlands Ranch, a suburb of Denver. Dr. Vincent is a member of the AOA and the Colorado Optometric

Association (COA). He began his service to the state association as a member of the COA Banquet Committee and later became chair of the committee. He was recognized in 2005 with the COA's Young Optometrist of the Year Award. In 2007, Dr. Vincent was elected to the COA Board of Trustees and is the board liaison to the COA Auditing, Credentials, Long Range Planning, Nominating, Past Presidents Council, and Resolutions Committees. He is an InfantSEE® provider

## **NICOLE GURBAL, O.D.** **Georgia Optometric Association**

Nicole Gurbal, O.D., is a 2004 graduate of the New



England College of Optometry. She practices at the West Georgia Eye Center/Vision Performance Center in Carrollton, Ga. Dr. Gurbal is an active member of the AOA and the Georgia Optometric Association. She is the InfantSee® chair for the State of Georgia.

*see Young ODs, page 14*

## **ODs of the Year,** *from page 12*

## **STEVEN P. DRAKE, O.D.** **Wisconsin Optometric Association**

Steven Drake, O.D., is the long-time chair of the Wisconsin Optometric Association's (WOA) VISION USA program. He has volunteered his time working in the AOA booth at



the Air Venture in Oshkosh, Wis. He is an InfantSEE® provider. Dr. Drake is a 1971 graduate of the Indiana University (IU) School of Optometry. He has been in private practice in Gillett, Wis., for 33 years, maintained a satellite practice in Pulaski, Wis., for 26 years, and is on staff at the Oneida Clinic, which provides care for much of Wisconsin's Native American population. He has been a member of AOA and the WOA for 41 consecutive years.

## **DAN PERALA, O.D.** **Wyoming Optometric Association**

Dan Peralá, O.D., is a member of the Wyoming Optometric Association (WOA) Board of Directors, serves as the WOA Third Party chair, and represents optometrists on the Wyoming Medicaid Advisory Board.



Dr. Peralá is a 1992 graduate of Pacific University College of Optometry. He serves as a lieutenant colonel in the Wyoming National Guard and is part of the National Guard Goodwill Medical Team. Dr. Peralá attends the AOA Congressional Congress in Washington, D.C., as an AOA Keyperson representing Wyoming and is an AOA-PAC contributor. He is an InfantSEE® provider.



## Young ODs, from page 13

### CHAD THOMPSON, O.D. Kansas Optometric Association

Chad Thompson, O.D., is a 1999 graduate of the Southern College of Optometry. He practices with



Bren Myers, O.D., in both Beloit, Kan., and Smith Center, Kan.. Dr. Thompson has been an active member of the AOA, the Kansas Optometric Association, and the Heart of America Contact Lens Society since graduating in 1999. He is a member of the political action committees for both the KOA and the AOA and serves as KOA's Northeast Zone President. Dr. Thompson has served as chair of the KOA Education Committee and as a member of the KOA Third Party Committee and the KOA Assistance to Graduates and Undergraduates Committees.

### DEANA LABROSSE, O.D. Illinois Optometric Association

Deana LaBrosse, O.D., is a 2005 graduate of the Illinois College of Optometry (ICO). She practices with Chicago Glaucoma Consultants where she has a comprehensive optometric practice. Dr.

LaBrosse is an active member of the AOA and the Illinois Optometric Association (IOA). She serves as vice president of the IOA's Chicago Northside Optometric Society. Dr. LaBrosse has been the recipient of many honors including the ICO Clinical Excellence Award, the Gas Permeable Lens Institute (GPLI) Clinical Excellence Award, and the Lighthouse Award for Care of Macular Degeneration. She is also an InfantSEE® provider.



### TODD NIEMEIER, O.D. Indiana Optometric Association

Todd Niemeier, O.D., is a 2002 graduate of Indiana University School of



Optometry. He bought into the private practice in which he received care as a patient while growing up. Dr. Niemeier is a member of the AOA and the Indiana Optometric Association (IOA). He was secretary/treasurer of Indiana's Southwestern Optometric Society in 2003, followed by two years as vice president and two years as president of the society. Dr. Niemeier has served on the IOL's Legislative Board since 2007. In 2008, he was awarded the IOL President's Citation as Indiana's Young Optometrist of the Year.

### CHAD KLEIN, O.D. Iowa Optometric Association

Chad Klein, O.D., is an active member of the Iowa Optometric Association (IOA), serving as chair of the



Annual Congress of the IOA and as a member of the association's education committee. Dr. Klein attended Central College in Pella, Iowa, graduating with a degree in chemistry in 2001. He continued his education at the University of Missouri – St. Louis, College of Optometry, graduating with a doctorate of optometry degree in 2005. The following fall, he was hired to work at the Eye Care Center of Newton by Past AOA President Larry DeCook, O.D. He purchased the Eye Care Center in December 2008.

### ANDREW DOYLE, O.D. Maryland Optometric Association

Andrew Doyle, O.D., is a 2001 graduate of the Pennsylvania College of Optometry. He is a U.S. Department of Veterans

Affairs (VA) staff optometrist at the Glen Burnie VA Outpatient Center - VA Maryland Health Care System. Dr.



Doyle is a member of the Anne Arundel County Optometric Society. He currently serves as co-chair of the MOA Healthy Eyes Healthy People (HEHP) Committee and attended the AOA's 2009 HEHP Conference as the Maryland state representative. Since 2006, Dr. Doyle has served as the MOA Liaison to the Maryland Board of Examiners in Optometry and on the MOA Legislative Committee.

### BRADLEY THOMPSON, O.D. Mississippi Optometric Association

Bradley Thompson, O.D., is a 1999 graduate of the Southern College of Optometry. He joined his grandfather's practice in Forest, Miss. in 1999 and last



year assumed the role of senior partner in the practice. Dr. Thompson is a MOA Board member, chair of the MOA State Legislative Committee and the legislative chair for MOA District 4. Dr. Thompson is the 2008 recipient of the MOA's Helen St. Clair Young Optometrist of the Year award.

### GEOFFREY RYAN POWELL, O.D. Missouri Optometric Association

Geoffrey "Ryan" Powell, O.D., is a 2002 graduate of the Southern College of Optometry. In 2004, he established Insight Eyecare Specialties, Inc. and now serves as the chief operating officer of a practice with five locations. He is a member of the AOA and the Missouri Optometric



Association (MOA). Since 2002, Dr. Powell has served as an AOA Keyperson. He has attended the AOA Congressional Conference since he was a student. Dr. Powell is the MOA president-elect and has served on the MOA Board of Directors since 2002. From 2002 to 2007, Dr. Powell served as both the MOA-PAC Chair and as an AOA-PAC representative. He has served as the state's InfantSEE® liaison since 2004.

### GEORGE VELIKY, O.D. New Jersey Society of Optometric Physicians

George Veliky, O.D., is a 1999 graduate of the New England College of Optometry. Dr. Veliky is the center director for the flag-



ship office of Omni Eye Services. He is a member of the AOA, the New Jersey Society of Optometric Physicians (NJSOP), and the Mid-Jersey Society of Optometric Physicians. He serves on the NJSOP Young Optometrist Task Force, the NJSOP Clinical Care Committee, and the NJSOP Industry Relations Committee. In 2008, Dr. Veliky earned the NJSOP Young Optometrist of the Year Award. He is an InfantSEE® provider.

### JOSH HOPKINS, O.D. Nebraska Optometric Association

Josh Hopkins, O.D., is a 2001 graduate of the Indiana University School of Optometry. He currently practices with Magnuson Eyecare in Wayne, Neb.. Dr. Hopkins is a member of the AOA and the Nebraska Optometric Association (NOA). He is active in the NOA, serving as president of the association's Northeast Optometric Society and leading paraoptometric review sessions for the Certified Paraoptometric



(CPO) and Certified Paraoptometric Assistant (CPOA) certification exams. Dr. Hopkins is also a member of the board of directors of the Nebraska Foundation for Children's Vision and is an active participant in the "See to Learn" program.

### NATHANIEL ROLAND, O.D. New Mexico Optometric Association

Nathaniel Roland, O.D., is a 2004 graduate of the Nova Southeastern University College of Optometry. He practices in Albuquerque and is a member of both the AOA



and the New Mexico Optometric Association. Dr. Roland contributes to AOA-PAC and serves as an AOA-PAC State Representative. He has served on the NMOA Board of Directors since 2007 and contributes to the NMOA-PAC. During his tenure as the New Mexico representative for AOA's "Drive for 65" campaign, the NMOA gained 12 new members. Approximately 75 percent of the state's optometrists are now AOA members. Dr. Roland attends New Mexico State Legislature sessions and committee meetings in support of optometry. He is an InfantSEE® provider.

### NATHANIEL MARTIN, O.D. North Carolina State Optometric Society

Nathaniel Martin, O.D., is a 1998 graduate of the Pennsylvania College of Optometry. He practices with O'Connell & Martin Eye Associates in Sanford, N.C. Dr. Martin is a member of the AOA and the North Carolina State Optometric Society (NCSOS). He serves on the NCSOS Board of Trustees,



see Young ODs, page 16



# Cummings' remarkable career remembered

**P**ast AOA President Pat Cummings, O.D., died July 11 doing something he loved—flying planes. Dr. Cummings' other love was being a father, though his son's life was also tragically cut short when he died in a car crash at age 18. In tribute to father and son, the Cummings family has established the Dr. Pat & Patrick Cummings Memorial Fund through Optometry's Charity™ – The AOA Foundation.

The memorial fund will allow the legacy of two amazing individuals to live on through the impact it can have on others' lives.

"Not often in our lives are we involved with a peer who has always been there to offer a helping hand," said Irving Bennett, president of the foundation's board. "We had that with Pat Cummings, a truly great optometrist and a great leader. His feeling for eye care for the public went far beyond his devotion and commitment to his profession. There are programs in place that have his name written all over them. Speaking for Optometry's Charity, we have indeed lost a great one."

Dr. Cummings' distinguished career in optometry began after he graduated from the Pacific University's College of Optometry and joined a private group practice in Sheridan, Wyo.

He was also a consulting optometrist at the Veteran's Affairs Hospital in Sheridan



**Dr. Cummings, with wife Becky**

for more than 20 years and was on staff at the Sheridan County Memorial Hospital. In addition, he was an adjunct clinical faculty member for Pacific University's College of Optometry.

Dr. Cummings was a charter member of the AOA Contact Lens & Cornea Section and Sports Vision Section. He was first elected to the AOA Board of Trustees in 1994 and served as the 81st president in 2002-2003.

After serving as the AOA president, Dr. Cummings moved to Florida and joined Vistakon® where he was the vice president of the Professional Development Group in the America's Region.

"Pat joined Vistakon® in December 2003, bringing with him significant clinical and organizational leadership experience to the organization," said Dave Brown, president of Vistakon® Americas. He added, "Pat was an extraordinary man, widely

respected and admired by his colleagues and peers. He will be greatly missed by those of us who knew him."

It was no secret that public health was an area close to Dr. Cummings' heart, and his philanthropic nature was evident through his work.

"Pat Cummings was a skilled doctor, a gifted leader of the AOA, a powerful voice for the profession in his work at Vistakon®, and a tireless champion for public health," said AOA President Randy Brooks, O.D. "More than that, he was my good friend. My heart goes out to his family and to all within the optometric family who mourn his loss and remember his many contributions. We have lost a great leader and a truly remarkable human being. We will remember two contributions in particular: the AOA's Healthy Eyes Healthy People® program and the InfantSEE® program. Pat was deeply concerned with the issues surrounding public health. He used his position at the AOA to advocate for the eye care and health needs of patients across the country. He used his leadership skills and passion in service of those who were most in need. In doing so, he raised up our whole profession."

Dr. Cummings was one of the first supporters of the InfantSEE® program and actively championed the cause of no-cost eye assessments for optometry's youngest patients.

"Pat Cummings was a major part of the initiation

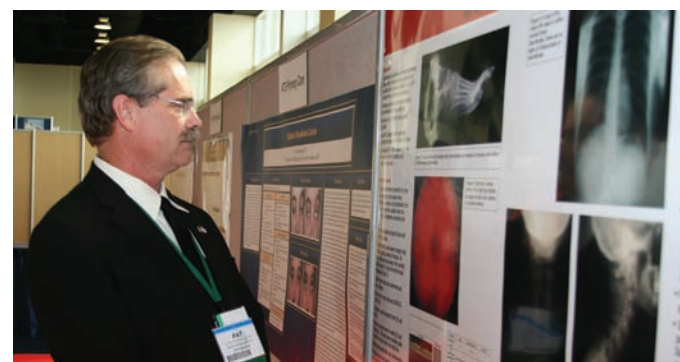
and development of InfantSEE®," said Glen Steele, O.D., chair of the InfantSEE® Committee. "I'll forever remember him standing before the House of Delegates and stating, 'It's the right thing to do.' Pat stood by the committee throughout its existence and helped open doors with Johnson & Johnson at levels we only dreamed about at startup. What a person! He will be missed in many ways—but most as a friend!"

Dr. Cummings' commitment to the Healthy Eyes Healthy People® program was reflected in the scholar-



**1952-2009**

first recipient of the Patrick Everet Cummings Memorial Scholarship. "His generous scholarship was critical to reducing my overall educational debt. Finances were a



**Dr. Cummings reads posters at Optometry's Meeting® last month.**

ship fund originally set up in memory of his son in 2003.

Dr. Cummings and his son, who had just graduated from high school, had an extremely close relationship that was honored through the \$3,000 scholarship presented to an optometry student selected from all applicants who submitted papers regarding how they would contribute to Healthy Eyes Healthy People®.

"I am saddened to hear of Dr. Cummings' passing," said Julie Belanger, O.D., the

consideration as whether or not to pursue residency, and I am very glad I was able to."

Dr. Cummings' achievements extended to the greater community as well.

Many civic and professional organizations honored his accomplishments. The Sheridan College presented the Golden Opportunity Outstanding Alumni Award to him in 1998. He was named the Jaycee of the Year in 1980 and was recognized twice as

*see Cummings, page 16*



**Dr. Cummings testifies before the House Energy and Commerce Committee, Subcommittee on Commerce, Trade and Consumer Protection on Sept. 9, 2003 on The Fairness to Contact Lens Consumers Act.**



**At the Oshkosh Air Show with AOA past presidents Kevin L. Alexander, O.D., Ph.D. and Vic Connors, O.D.**



## Young ODs,

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contributes to the NCSOS-PAC, and is the NCSOS Keyperson for North Carolina House of Representatives Speaker Joe Hackney (D).

### **TODD M. CLARK, O.D.** **Ohio Optometric Association**

Todd Clark, O.D., is a 1998 graduate of the Ohio



State University College of Optometry. He currently splits his time

between two practices located in Columbus and Westerville, Ohio. Dr. Clark is a member of the AOA, the Ohio Optometric Association (OOA), and his local optometric association (OOA Zone 12). He is a contributor to AOA-PAC and the Ohio Optometry Political Action Committee (OO-PAC). Dr. Clark has served on the OOA Board of Trustees since 2006 and serves as board liaison to numerous entities including the EastWest™ Eye Conference, OO-PAC, and the Opticians Task Force. In 2008, he received the OOA's Jack T. Keith Young Optometrist of the Year award.

### **JEFFERY D. ELLIOTT, O.D.**

#### **Oklahoma Association of Optometric Physicians**

Jeffery Elliott, O.D., is a 1998 graduate of the Northeastern State University College of Optometry. He is a member of the AOA and the Oklahoma Association of Optometric Physicians (OAOP). Upon graduation, Dr. Elliott began his private optometry practice in Ada, Okla., where he has remained for the past 10 years, and became active in the OAOP. He has already served two terms in the OAOP Board of Directors representing District 4. He is also a member of the OAOP Legislative Committee. Dr. Elliott is the founder of the



OAOP's annual Award for Excellence in Optometry and Vision Science. Dr. Elliott has been appointed by Governor Brad Henry (D) to serve on the State Advisory Committee for Children's Vision Screenings.

### **CYNTHIA S. STRAWN, O.D.** **Oregon Optometric Physicians Association**

Cynthia Strawn, O.D., is a 2000 graduate of the Pacific University College of Optometry.



Following graduation, she went into private practice in the Salem/Kaiser, Ore., area. She

is a member of the AOA and the Oregon Optometric Physicians Association (OOPA). Her service to OOPA began in 2003 when she volunteered for the association's Eye Care Benefits Committee and was then appointed Medicare Carrier Advisory Committee representative. In 2006, Dr. Strawn was appointed to the OOPA Board of Directors and served a two-year term. Dr. Strawn is also an active participant in the InfantSEE® program and frequently conducts vision and glaucoma screenings at health fairs in her community.

### **REBECCA L. WINCEK-BATESON, O.D.** **Pennsylvania Optometric Association**

Rebecca Wincek-Bateson, O.D., is a 2003 graduate of the Pennsylvania College of Optometry. She practices in Indiana, Pa. She is a member of the AOA, the Pennsylvania Optometric Association, and the Southwestern Optometric Society (SWOS). Dr. Wincek-Bateson serves on the SWOS Board of Directors as vice president and previously served as secretary. She is an active participant in InfantSEE® and developed a program at Indiana Regional Medical Center under which



every new parent is given handouts and guidelines for infant development before going home.

### **CHRIS EILER, O.D.** **Tennessee Optometric Association**

Chris Eiler, O.D., is a 2001 graduate of the Southern College of Optometry. He currently practices with Primary Eyecare in Spring Hill, Tenn. Dr. Eiler is a member of the AOA, the Tennessee Optometric Association (TOA), and the Middle Tennessee Optometric Society. He serves as a member of the TOA Board of Trustees and as vice-chair of the Clinical Advisory Board of Eye Health Partners of Middle Tennessee. In 2008, Dr. Eiler was named Tennessee's Young OD of the Year.



### **KEVIN GEE, O.D.** **Texas Optometric Association**

Kevin Gee, O.D., is a 2002 graduate of the University of Houston College of Optometry. He currently owns a private practice in Sugar Land, Texas. He is a member of the AOA's Sports Vision Section and the Texas Optometric Association (TOA). Dr. Gee is the chair of TOA Continuing Education Committee and TOA Student Support Committee, as well as a past chair of the TOA Academic Relations Committee. He is also a member of the TOA Association Support Committee and Public Health Committee. In 2007, he was awarded the AOA Optometric Recognition Award and earlier this year, received the TOA's Young Optometrist of the Year award.



### **PAUL FILAR, O.D.** **Wisconsin Optometric Association**

Paul Filar, O.D., is a 2004 graduate of the Pacific University College of Optometry. He practices with Peninsula Vision Care, LLC in Sturgeon Bay, Wis. Dr. Filar is a member of the AOA, the Wisconsin Optometric Association (WOA) and the Northeast Wisconsin Optometric Society. He is a member of the WOA Board. He has served on the WOA Marketing Committee and as chair of the WOA New Optometrist Committee. Dr. Filar is also the past president of the Northeast Wisconsin Optometric Society and is an InfantSEE® provider.



## Cummings,

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the Wyoming Optometrist of the Year. He was recognized as the Great Western Optometrist in 2000.

"The profession clearly lost one of the finest gentlemen who was ever a member," said Michael Jones, O.D., past AOA president and executive director, who served with Dr. Cummings for nearly 20 years. "He will be sorely missed by many people."

"The entire optometric and eye care communities are

devastated with the news of Pat Cummings' tragic death," said Dr. Bennett. "It is rare for a person of Pat's stature to come our way. Personable, articulate, talented, compassionate, philanthropic, enthusiastic—these were only some of his outstanding attributes. Our profession, our association, our society are better because he spent some of his short life with us."

Dr. Cummings is survived by his wife Becky; son Josh; daughter Abbra; grand-

daughter Mia; mother Ivy; brother Mike; sister Mary; and nieces and nephews.

Donations can be made to the scholarship fund established through Optometry's Charity™—The AOA Foundation in Cummings' honor. Donations may be sent to: Dr. Pat & Patrick Cummings Memorial Fund, Optometry's Charity™—The AOA Foundation, 243 N. Lindbergh Blvd., St. Louis, MO 63141.





## SPOTLIGHT ON AOA MEMBERS

# OD works with guide dogs to open new world for blind patients

When Peggy Brown realized she was going blind, she was devastated and told her husband she was going to quit her job. Her husband told her she needed to take her lemons and make lemonade in the form of a guide dog.

"The idea of getting a guide dog gave me something very special and exciting to look forward to," said Brown. "Since my vision appeared to be declining rapidly, I had intense fear that I would go totally blind and not be prepared to cope with it. I felt that it was important to take the time to find the resources that I needed to teach me how to deal with being severely visually impaired."

Brown turned to Guide Dogs for the Blind, a non-profit organization headquartered in San Rafael, Calif., for help.

Guide Dogs for the Blind was established in 1942 to provide enhanced mobility and quality of life to people who are blind through lifetime partnerships with guide dogs. Absent of government funding and solely supported

by private donations, the San Rafael and Boring, Ore., campuses are serene and beautiful environments for learning and education.

Students arrive at the campus to meet their guide dogs and spend up to a month of in-residence training with them.

Guide Dogs for the Blind breeds yellow and black Labrador retrievers, golden retrievers, and Labrador retriever/golden retriever crosses. At the age of 8 weeks until approximately 15 to 18 months, the young canines are raised by volunteer puppy-raising families. The dogs are then returned to campus and receive formal training for four or five months to prepare them for their future careers.

The organization provides follow-up support services after extensive training for both the guide dogs and human companions. All transportation, room, board and equipment are free of charge to qualified people throughout the United States and Canada. Financial assistance for veterinary care and alum-

ni support services are even provided to the students.

California practitioner Jennifer Ong, O.D., is supporting Guide Dogs for the Blind by working to increase awareness of the organization and its free services.

"I received my first eye exam at age 11 and always intended to go into health care," said Dr. Ong. "Knowing how poor my vision would become and how much I value my vision, I saw optometry as the perfect profession after that first eye exam. Years later, I noticed a guide dog and her owner at the airport. I thought, 'What a special bond, a wonderful service and a dedicated friend to look after her companion. Somehow, someday, I will contribute to helping the Guide Dogs for the Blind—it makes sense. I adore animals' special intelligence, and vision is my specialty.'"

Dr. Ong's desire and an opportunity came together several years after first learning about Guide Dogs for the Blind.

"My patients happened to be puppy-raising families who informed me of their rewarding experience and the proximity of the Guide Dog for the Blind's campus," Dr. Ong explained. "I went to two tours in one week at the San Rafael campus. I happened to mention that I am an optometrist and offered my assistance in any way they needed, and so I hope this article will be a good beginning to many years of service to the Guide Dogs for the Blind."

Dr. Ong stressed that optometrists should consider guide dogs as a possibility for many visually impaired patients.

"Total blindness, for example, equates to 'NLP' [no light perception] where there is complete lack of perception for form and visual light," said Dr. Ong.



**Peggy Brown, center, poses with her husband and guide dog Marlette.**

"Erroneously, eye care providers might commonly surmise that the Guide Dogs for the Blind are intended solely for NLP patients, but this would be inaccurate."

One alumni of the program, Mariella Dibble, had a birth defect that dramatically reduced her vision. She has been legally blind since 1960, but can see some shapes and colors through her peripheral vision.

"For years I didn't think I would be able to get a guide dog since I have some vision," said Dibble. "I felt like it would be very beneficial to me to have a guide. I can see some things, but if it's in my blind spot I can walk right into a wall. Having a dog would help. I would have her eyes to help me negotiate the world safely and not have to rely just on my own."

Dibble is now on her fourth guide dog since she first began using the program in 1983.

The qualifications for applying to the Guide Dogs for the Blind as a potential human companion include a degree of visual impairment referred to as "legally blind."

Legal blindness is defined in varying terms

based on governmental jurisdictions, but the most commonly accepted standard for legal blindness in North America is best-corrected vision in the better eye of 20/200 or less and/or a person with a visual field of less than 20 degrees.

"As optometric physicians, we encounter patients with visions that fall under these categories consistently," said Dr. Ong. "To those patients, we provide the most accessible options for aids to mobility and functionality and refer them to a low vision specialist accordingly, but how often have we also considered on that list of potential vision aids the possibility of a guide dog? The Guide Dog for the Blind is a wonderful program that provides not only the freedom of mobility and independence, but also the emotional support that so many of our low vision patients need to experience. We have a role as eye care providers to offer the many options that allow our patients the most ideal quality of life."

For more information, visit [www.guidedogs.com](http://www.guidedogs.com) or contact Guide Dogs for the Blind toll-free at 800-295-4050.



**Mariella Dibble takes a walk with her guide dog Silky.**

### Editor's note

AOA News is highlighting the admirable charitable work and exceptional patient care that distinguishes members of the American Optometric Association. Got a story to share? Drop a line to [TLOverton@aoa.org](mailto:TLOverton@aoa.org).





**The Optometry's Meeting® Opening General Session sponsored by Essilor featured Bob Woodruff, the former co-anchor of ABC's "World News Tonight." Woodruff himself was in the media spotlight when he was seriously injured by a roadside bomb while reporting on U.S. and Iraqi security forces in Taji, Iraq, in 2006. Woodruff told attendees that when he woke up in Bethesda, Md., he could not read. This was one fix that was not very complicated. The doctor asked how old he was, and Woodruff replied that he was 45. His doctor told him to "try these" and handed him reading glasses. Woodruff detailed his life leading up to that fateful day and explained about his traumatic brain injury (TBI). He said he often gets words mixed up and related once such occurrence between "Verizon" and "Viagra." Woodruff continues outpatient rehabilitation in the New York area and has since returned to work at ABC News covering major stories throughout the country and around the world.**

## Vote, from page 1

demonstrate continued competence, then we need to develop our own criteria for continued competence."

David Cockrell, O.D., AOA trustee and representative to the Joint Board Certification Project Team, explained the rationale behind the board certification model to the House of Delegates.

"Health care is changing," he said. "Do we want to be proactive or do we want to wait?"

He presented information from an optometric scope of practice document released by the American Medical Association earlier last month that repeatedly referred to the lack of maintenance of certification and board certification of optometry.

The podium was then opened to special guests of the House of Delegates to speak to the issue.

John McCall, O.D., former AOA president, addressed the delegates and spoke of past efforts for board certification in optometry.

"We can't keep ignoring



## Indiana Optometric Association President Richard Schamerloh, O.D., presented the opposing view on board certification to the AOA House of Delegates.

this," he said. Dr. McCall pointed out that board certification is the accepted term used by doctors, hospitals, patients and third parties.

Another former AOA President, Harvey Hanlen, O.D., emphasized that the Board of Trustees has no hidden agenda and that they learned from history.

"This is another step in the maturation process," Dr. Hanlen said.

He pointed out that if board certification and maintenance of certification become part of the Centers for Medicare & Medicaid Services (CMS) standards, optometrists cannot ask for an exemption.

"We asked to be physicians," he said.

In speaking of health care reform, Past President C. Thomas Crooks III, O.D., asked, "Can you imagine any system in which value isn't placed on board certification?"

After the past presidents spoke, Speaker of the House and Immediate Past President Kevin Alexander, O.D., Ph.D., opened the floor to the delegates.

Brad Blumenstock, O.D., president of the Nebraska Optometric Association, said, "Health care is in the midst of change. Optometry needs to be in a position to participate."

Stephen Montaquila, O.D., president of the Rhode Island Optometric Association, reflected on the history of diagnostic pharmaceutical agent (DPA) authority and pointed out that it was originally voted against by a mar-

gin of 49-1.

Linda Chous, O.D., president of the Minnesota Optometric Association, said she took exception to those who have said debate on the issue was not available.

"Minnesota contacted every member," she said. "Continuing education and outreach are key."

Harvey Richman, O.D., president of the New Jersey Society of Optometric Physicians, stressed unity in the profession.

"We are all optometrists, and we all live together," he said.

Jeff Michaels, O.D., president of the Virginia Optometric Association, made a motion to change the composition of the American Board of Optometry and create 11 seats, six of which would be held by AOA representatives, and to "grandfather" optometrists licensed with therapeutic pharmaceutical agent (TPA) authority to be board certified and able to begin the maintenance of certification process.

Bill Ratcliff, O.D., president of the West Virginia Optometric Association, said the motion would be a black eye on the profession. "It would be used against us in our legislative agendas," he said.

Steven Eyler, O.D., of North Carolina, said the grandfather amendment was not credible.

Clarke Newman, O.D., of

see Vote, page 22

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**American Optometric Student Association President Tyson Allard addresses board certification from a student point of view.**

## State leaders discuss next steps toward board certification

In a July 8 conference call, more than 110 state optometric association leaders heard the timeline for implementing board certification and discussed communications and education plans in their states.

AOA Trustee David Cockrell, O.D., outlined the timeline as beginning with the drafting of a memorandum of understanding between five organizations: the American Academy of Optometry (AAO), the AOA, the American Optometric Student Association (AOSA), the Association of Regulatory Boards in Optometry (ARBO), and the Association of Schools and Colleges of Optometry (ASCO). The core group of organizations are being asked to appoint their proposed representative to the American Board of Optometry by the end of July. In turn, these representatives will approve all documents needed to create the American Board of Optometry as a tax-exempt, independent organization.

Dr. Cockrell announced during the conference call that he will be one of two AOA appointees to the board of the ABO. In addition to the two AOA appointees, there will be one appointee each from the AAO, ARBO and ASCO, plus an optometrist who has been in practice less than five years who will represent the AOSA.

There will also be a member of the public on the ABO to be selected by the other ABO Board members.

Gil Pierce, O.D., of Ohio reported that members in the Ohio affiliate have suggested allowing Ohio members to be active Ohio members and not AOA members. Dr. Cockrell reminded them that five years ago the 108th House of Delegates approved bylaws changes that stated "No person who is a member of the American Optometric Association as of June 25, 2005, or who joins an affiliate of the American Optometric Association on or after June 25, 2005, shall be allowed to be a member of the affiliate but not the American Optometric Association."

Several state leaders noted rumors in their states that the AOA's interest in board certification was part of a plan to enrich the AOA, or even a move to extract money from industry when the PhRMA Guidelines strictly limit the activities that industry is able to fund. With education being one of the few areas allowed under the funding guidelines, the rumor goes, the AOA is creating a whole new class of education.

Dr. Cockrell said the AOA's interest in board certification has never been about the funding, and he said the

*see Leaders, page 22*

## AOA launches largest federal grassroots advocacy campaign ever

More than 500 ODs and optometry students from around the country converged on Capitol Hill June 24 as the debate over national health care reform intensified to urge leaders in Congress to ensure access to optometric eye and vision care for America's families, including veterans, working men and women, children and seniors.

Optometry's latest and largest federal advocacy campaign served as the culmination of the AOA's most massive federal advocacy gathering to date – the 2009 AOA



**After giving powerful remarks on the sight-saving care she received just prior to deployment to Iraq, Department of Veterans Affairs Assistant Secretary Tammy Duckworth receives the 2009 Health Care Leadership Award from then-AOA President Peter H. Kehoe, O.D.**

*From the moment President Obama and congressional leaders made health care reform their top priority, we knew that optometry would have to out work anti-optometry organizations and special interests.*

Congressional Advocacy Conference: Advocacy for Optometry's Future.

This year, a record number of doctors and students took time away from their families and duties to secure and defend optometry's rightful seat at the table and help ensure that the concerns of patients and the profession are heard as plans for national health care reform advance in Washington, D.C.

"From the moment President Obama and congressional leaders made health care reform their top priority, we knew that optometry would have to out work anti-

optometry organizations and special interests," said then-AOA President Peter H. Kehoe, O.D., and AOA President-elect Randolph E. Brooks, O.D., in a joint statement.

Hundreds of AOA members as well as representatives of the National Optometric Association (NOA), the American Optometric Student Association (AOSA) and the Association of Schools and Colleges of Optometry (ASCO) stormed Capitol Hill with the goal of raising awareness of the profession and advancing the AOA's pro-access, pro-patient agenda,

including:

- ❖ Health Care Reform – Ensuring patient access to care by making provider non-discrimination safeguards a foundation of health care reform legislation.
- ❖ Medicare – Preventing the 21 percent Medicare physician payment cuts scheduled for Jan. 1, 2010.
- ❖ Children's Vision – Passing the Vision Care for Kids Act (S. 259), a bill to establish federal grants to bolster state children's vision and learning initiatives.
- ❖ Expanding Access to Eye and Vision Care – Securing recognition and full inclusion of optometry in Medicaid (H.R. 2697), the National Health Service Corps (H.R. 1884) and other federal health programs.
- ❖ Military and Veteran's Health Care – Ensuring that America's military service personnel and veterans are not

*See Advocacy, page 20*



**Optometric Physicians of Washington President-elect David Hays, O.D., speaks to the full room at the House of Delegates on the topic of board certification.**



# Commission adjusts physician definition to include optometrists

Effective July 1, the Joint Commission has changed the definition of “physician” in its hospital accreditation program to match the Medicare definition (Section 1861(r) of the Social Security Act, which includes optometrists).

The Joint Commission, formerly known as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), accredits 88 percent of the nation’s hospitals.

“This is an important step to have all health care policymakers, payers, organizations, and entities recognize optometrists as physicians,” noted AOA Executive Director Barry Barresi, O.D.,

Ph.D. “This also means that we have to be prepared to surpass the standards that other physicians meet, such as board certification.”

The Joint Commission evaluates and accredits more than 16,000 health care organizations and programs in the United States, including approximately 4,250 general, children’s, long-term acute, psychiatric, rehabilitation and surgical specialty hospitals.

The hospital accreditation program is the entry to Medicare participation for most of the nation’s hospitals.

Joint Commission accreditation is a recognized symbol of quality that reflects

an organization’s commitment to meeting performance standards and measures. Accredited hospitals must adopt and apply standards related to a physician’s competence, skill, professional conduct, and ability to fulfill all of his or her professional responsibilities.

The changes in physician definition allow hospitals to give additional patient care responsibilities to non-MD/DO physicians acting within their state scope of practice.

The Joint Commission acknowledges that board certification is an excellent benchmark for the delineation of clinical privileges and has

linked board certification and maintenance of certification with liability risk reduction for hospitals in the granting of privileges.

The hospital accreditation manual allows hospitals to use board certification as a requirement for its medical staff.

The Centers for Medicare & Medicaid Services (CMS) establishes hospital conditions of participation in Medicare and surveys participating hospitals to ensure they satisfy those conditions.

A hospital accredited by the Joint Commission prior to July 15, 2010, is deemed for three years to meet the Medicare requirements.

Most hospitals choose Joint Commission accreditation instead of a CMS survey.

The Joint Commission accreditation standards and Medicare hospital conditions of participation are not an exact match.

However, when Medicare revises its requirements, the Joint Commission may make similar adjustments to its standards.

Previously, the organization defined physician as “a doctor of medicine or osteopathy, or as defined by CMS in section 482.12(c)(1) of the hospital conditions of participation.”

Title 42, Section 482.12(c)(1) of the US Code of Federal Regulations states that every Medicare patient must be under the care of a physician as defined by Section 1861(r) of the Social Security Act.

On Nov. 27, 2006, with minor modifications on Nov. 27, 2007, the CMS published regulations in the *Federal Register* changing the Medicare hospital conditions of participation to allow any physician, not just an MD or DO, to complete and document a patient’s medical history and physical examination. This addressed a long-standing issue for non-MD/DO physicians who treat patients in a hospital.

The Joint Commission already allowed non-MD/DO

physicians to perform history and physical examinations, but the federal rulemaking put optometrists and others in a stronger position.

The change in regulations may have also prompted the CMS and the Joint Commission to discuss other changes to the Joint Commission’s hospital accreditation program to more appropriately recognize all physicians.

This year, the Joint Commission announced 165 new and revised “Elements of Performance” for hospital accreditation, which were specifically developed to address the CMS’s Condition of Participation requirements, according to Ann Scott Blouin, Ph.D., RN, executive vice president of Accreditation Operations and Certification Operations.

The Joint Commission reported in the June edition of its newsletter *This Month for Physicians* that 20 elements “have been changed to indicate specifically when the task or responsibility described requires a doctor of medicine or osteopathy and when it requires a physician as defined by CMS in Section 1861(r) of the Social Security Act.”

As of July 1, hospitals accredited by the Joint Commission are expected to meet the new elements of performance.

Recognizing optometrists as physicians in its hospital accreditation manual can carry over into other Joint Commission programs, such as accreditation for ambulatory care, critical access hospitals, home care, laboratory services, and office-based surgery.

The Joint Commission also offers certification for health care staffing and disease-specific care, including advanced certification for inpatient diabetes care.

The AOA will push other standards-setting, accrediting, and certifying organizations who do not yet recognize ODs as physicians to follow the lead of Medicare and the Joint Commission.

## Advocacy,

from page 19

forced to wait unnecessarily for the eye and vision care they need and deserve.

❖ InfantSEE® – Supporting optometry’s vision-saving and potentially life-saving public health initiative that offers eye assessments for infants at no cost ([www.InfantSEE.org](http://www.InfantSEE.org)).

“Today, at an important moment in the debate over national health reform legislation, 503 optometrists and optometry students from across the country and representing all 50 states traveled to Washington, D.C., to take the AOA’s pro-access, pro-patient legislative agenda directly to the offices of every U.S. senator and congressman,” said Drs. Kehoe and Brooks.

“The size and reach of our 2009 Congressional Advocacy Conference – the biggest optometric advocacy event ever – reflects the resolve of this profession and the patients we serve to be listened to and heeded when health care policy decisions are being made in the nation’s capital,” Drs. Kehoe and Brooks added.

“We could not be more proud of the doctors and students who have sacrificed to be here in order to put a national spotlight on optometry, on patient access issues and on the importance of eye and vision care in a way that’s



**U.S. House of Representatives Majority Whip, Rep. James E. Clyburn (D-S.C.) stands with the South Carolina delegation in his ceremonial office in the Capitol building.**



**Rep. Nydia Velazquez (D-N.Y.), chair of the U.S. House Small Business Committee and chairwoman of the Congressional Hispanic Caucus, receives the 2009 AOA Health Care Leadership Award from Christopher Colburn, O.D., left, AOA Trustee Andrea Thau, O.D., David Heath, O.D., and Ray Pirozzolo, O.D.**

never been accomplished before.”

A powerful video highlighting the important work of hundreds of OD and student volunteers during the 2009 AOA Congressional Advocacy

Conference is available for viewing on the AOA YouTube channel at [www.youtube.com/user/aoawebs](http://www.youtube.com/user/aoawebs). Check the AOA Web site for a slideshow of photos from the conference as well.



# WELLNESS

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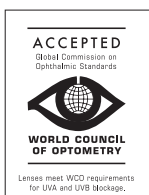
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## Vote, from page 18

Texas, said, “We cannot walk out of this house without taking care of business. We must make compromises.”

Dr. Chous said that if amendments focused on the viewpoint that members did not want to take a test, they would not address the top concerns voiced by most members: the cost of education and the time spent away from the office.

Christopher Quinn, O.D., AOA trustee, asked the delegates to consider the implications of the grandfather amendment. “Is this the most prideful way to get board certification?”

Marrie Read, O.D., of the Armed Forces Optometric Society, proposed an amendment to allow TPA-licensed

optometrists with three years’ experience to take a board certification exam without the 150-point requirement.

Lee Ann Barrett, O.D., executive director of the Missouri Optometric Association, proposed that the original motion include a credit of 50 points for those with Fellowship in the College of Optometrists in Vision Development (COVD) within the first three years.

The House of Delegates called a roll-call vote on the original motion with the COVD amendment and with experience-in-practice points worth five points per year, and it was passed 1,126 to 887.

To view video of the vote, visit [www.youtube.com/watch?v=Aq-3eMXscyg](http://www.youtube.com/watch?v=Aq-3eMXscyg).

## Leaders, from page 19

association is going to be meticulous in tracking costs and getting repaid. The AOA is eager to create the separate organization, he said, in part to avoid any appearance of financial ties. He also noted that the most likely providers of additional education will be the organizations currently offering it; namely the local, state, regional and national optometric organizations.

He also said that study guides and course materials would most likely be created by the AOA, but distributed through state optometric associations.

Dr. Cockrell explained that all work being done by the AOA on behalf of the ABO, such as legal work, printing, and staff time is being tracked.

When the ABO is established as an independent not-for-profit, it will be responsible for repaying the AOA for all start-up costs.

Several state leaders discussed member concerns about board certification, but there was agreement that the dialogue was becoming more constructive than over the

past months. “As leaders, all we really need to do is make sure our members understand that our relationship regarding board certification is not adversarial,” said Gary Odom, executive director of the Tennessee Optometric Association. He said that the state optometric associations can help members understand the process, study for the tests, and ensure that convenient continuing education options, such as online CE and relevant courses, are widely available.

Several states reported that ODs are eager to start the process and attain the credential.

In an introduction to the conference call, AOA Executive Director Barry Barresi, O.D., Ph.D., described how the AOA has been working hard to get information out about the process. He noted that video of the votes in the House of Delegates can be viewed online at [www.youtube.com/aoaweb](http://www.youtube.com/aoaweb) and that the AOA will be getting materials out to members as soon as key decisions are made.

# Barriers to widespread HIT adoption and use remain, AOA tells Congress

As the debate over national health care reform intensifies on Capitol Hill, a growing consensus has emerged among Washington, D.C., analysts and policymakers that health information technology (HIT) will serve an important role in improving the quality and efficiency of health care in America, according to the AOA Advocacy Group.

The central component of HIT, the electronic health record (EHR), can enable providers to better organize patient data, help deliver coordinated care among a patient’s team of providers, prevent errors and cut overall costs. However, many barriers to greater adoption and use of HIT remain, an AOA spokesperson told a key congressional subcommittee.

“EHR programs hold an amazing potential to improve patient care and lower costs, but the systems and programs are extremely expensive and many small health care practices – including many optometrist’s offices – will not be able to implement the technology without support from the federal government,” said Charles Stuckey, O.D., executive director of the Pennsylvania Optometric Association.

Dr. Stuckey highlighted optometry’s concerns in June 24 testimony before the U.S. House of Representatives Committee on Small Business, Subcommittee on Health, Regulations and Trade as hundreds of ODs and optometry students stormed Capitol Hill as part of the AOA’s largest federal grassroots lobbying campaign ever – the 2009 AOA Congressional Advocacy Conference.

He thanked Congress for working with the AOA to ensure that optometrists are eligible for HIT incentives created through the American Recovery and Reinvestment Act (ARRA), the economic stimulus package approved by Congress earlier this year. But, he warned that a failure to make federally certified eye



**Charlie Stuckey, O.D., executive director of the Pennsylvania Optometric Association, testifies before a key congressional committee on barriers to widespread HIT implementation and use.**

care EHR programs available to practitioners over the next 18 months, when the new federal incentives take effect, could slow development of a planned Nationwide Health Information Network (NHIN).

The legislation provides \$19 billion over a five-year period for Medicare physicians who install and use EHR systems in their practices. Beginning in 2011, Medicare physicians who implement and report “meaningful use” of EHR will be eligible for an initial incentive payment up to \$18,000. However, payments to those who do not use EHR systems will be reduced beginning in 2015; although the legislation provides some exceptions for significant hardship cases.

The ARRA explicitly states that for a physician to be a “meaningful user” and be eligible for incentives, the EHR used must be certified. Yet, to date, the only federally recognized certification body has not developed a certification for eye care EHRs.

“While the AOA has worked to secure an accelerated timeline for launch of the eye care EHR, we believe that the challenges we have faced in working toward timely certification will not be unique as other medical specialties with specialized EHR seek to develop certification as well,” Dr. Stuckey said.

Congress should formally urge the Office of National Coordinator for Health Information Technology and the standards committees to “fast track” certification of eye care EHR so they become

available to practitioners over the coming months, he told the subcommittee. In addition, he urged the U.S. Centers for Medicare & Medicaid Services to expedite the issuance of regulations defining the “meaningful use” of EHR and ensure that it was not a “one-size-fits-all” approach. “The bottom line should be improved results for patients,” he said.

The meaningful use provision was included in the stimulus legislation to ensure that health care practitioners not only purchase EHR systems but use them meaningfully. Once an EHR system is installed in a health care practice, it will take a practitioner and staff several months to learn how to use the system and incorporate it into the practice workflow, Dr. Stuckey noted.

As a result, Dr. Stuckey said, many eye care practices might not qualify for the badly needed financial incentives during the first year of the program unless government administrators promptly act to make certified eye care EHRs available and provide guidance on exactly how they expect EHRs to be used. In turn, that could mean eye care providers will be slower than necessary in joining the nation’s EHR network, thereby impeding efforts to establish the system over the projected time frame, Dr. Stuckey said.

“If you purchase a system, it will take some time to get ready (to use it). We’re talking about 2011, which is not that far away,” Dr. Stuckey said.





## GLANCE AT THE STATES

# Governor is guest at record OAL convention

Louisiana Gov. Bobby Jindal (R) was the featured speaker during the annual meeting of the Optometric Association of Louisiana (OAL), June 12-14.

"The over 300 people who packed the lecture room heard Governor Jindal deliver a very positive, motivational message," said OAL 2008-09 President Guy A. Feuer, O.D.

Also speaking during the conference were AOA Trustee Mitch Munson, O.D.; Neal Draisin, O.D., of the Southern Council of Optometry (SECO); and Secretary of the Louisiana Department of Health and Hospitals Alan Levine.

The convention drew a record 334 attendees with 174 optometrists, nine students, 127 paraoptometrists and 24 guests.

During the convention, the OAL Board of Directors

announced the creation of a new award, the Louisiana Distinguished Service Award; hereafter to be known as the Dr. James D. Sandefur Award. The award was named in honor of its first recipient, OLA Executive Director James D. Sandefur, O.D.

"Dr. Sandefur has worked tirelessly for over a decade as executive director of the OAL. He has organized our association's office, represented us yearly on a national level, served on the Louisiana State Board of Optometry Examiners, and elevated the OAL in the eyes of our colleagues all over our state and the nation," said 2009-10 OAL President Christopher Wroten, O.D.

The Sandefur Award was created to honor worthy individuals (including non-optometrists) and organizations that have demonstrated

a prolonged commitment to the OAL, to optometry, or to the eye health and visual welfare of the citizens of Louisiana, Dr. Feuer said.

The 2009 OAL Optometrist of the Year Award was presented to Louisiana State Sen. David Heitmeier, O.D (D).

"A graduate of the University Of Houston College Of Optometry, Dr. Heitmeier has tirelessly served optometry as a member of the association and as a state senator. He is currently on the Louisiana Senate Health and Welfare Committee and has been an unbelievable ally for the association and the profession. Dr. Heitmeier was selected to receive the award on unanimous vote by the OAL Board of Directors. They could not find on a more worthy optometrist," said Dr. Wroten.



**From left, Optometric Association of Louisiana (OAL) Executive Director Jim Sandefur, O.D., Louisiana State Sen. David Heitmeier (D), O.D., Louisiana Gov. Bobby Jindal (R), 2009-10 OAL President OAL Christopher Wroten, O.D., and 2009-09 OAL President Guy Feuer, O.D.**

Receiving the state's 2009 Young Optometrist of the Year award was Jerry Gerdes, O.D., a 2002 graduate of the Southern College of Optometry. Dr. Gerdes has

served as co-chair of the OAL InfantSEE® Committee, as well as president of the Central Louisiana Optometric Society for the last several years.

## St. Louis InfantSEE® Week a family affair



**Tom Cullinane, O.D., participates in InfantSEE® Week in St. Louis, June 8-12. He examines patient, Emerson Matulewic, 7 months old, while mom Jennifer assists and big sister Cordy, 4, looks on. "The goal of the whole week is to raise awareness," said Dr. Cullinane. He first told Jennifer about the program when Cordy was a baby. "She was one of my first InfantSEE® patients," Dr. Cullinane remembered. He reminded her of it again when she was pregnant with Emerson. "I've had glasses since I was 7 and probably should have had them before that," said Jennifer. "If your vision is not right, it can affect behavior and learning. It's important for your overall health to be on top of things and catch anything early."**

## AOA signs MOU with Special Olympics



Special Olympics, Inc. (SOI) and the AOA joined together in working to improve the level of vision care for those with intellectual disabilities. A Memorandum of Understanding (MOU) was signed by both parties at the conclusion of Optometry's Meeting® in Washington, DC.

One way the two organizations plan to work together is through SOI's Healthy Athletes® initiative, which provides health care services to Special Olympic athletes.

The Special Olympics Lions Club International Opening Eyes vision-screening program is part of the initiative.

The AOA will encourage its members to volunteer for this program within their state and community.

Special Olympics Senior Vice President for Strategic Planning & Global CIO André Mendes, left, formalized the partnership with AOA President Randy Brooks, O.D.





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Participants of the Ophthalmic Council include those companies who are at the Silver or higher level of support for the AOA.

The list reflects support for the AOA between January 1, 2009 – December 31, 2009.

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# Foxworthy highlight of Presidential Celebration

Comedian Jeff Foxworthy kept the audience laughing at the Optometry's Meeting® Presidential Celebration, sponsored by Hoya on Saturday, June 27 at the Gaylord National Resort and Convention Center.

Widely known for his redneck jokes, his act goes well beyond that to explore the humor in everyday family interactions and human nature.

Foxworthy currently hosts the hit FOX TV show "Are You Smarter than a 5th Grader?"

Foxworthy told the audience, "I am big fans of yours because without you I would

not be able to see."

He also joked, "Your job is probably a lot like mine because people tell you way more than you want to know."

Foxworthy queried the audience, "Maybe you guys can answer this: how come you only lose expensive sun-

glasses?"

He also questioned some practices.

"I don't know why optometrists do that puff of air in your eye," he said. "It doesn't do

anything, right? It's you all's inside joke."

Video of Foxworthy's performance is available online at [www.youtube.com/aoawebs](http://www.youtube.com/aoawebs).

*"Your job is probably a lot like mine because people tell you way more than you want to know."*



Comedian Jeff Foxworthy performs for the Presidential Celebration as part of Optometry's Meeting® on June 27.

## Editor's Commendation honors authors



The first Editor's Commendation for *Optometry: Journal of the American Optometric Association* was awarded to Janice McMahon, O.D., and Stephen Beckerman, O.D., at a reception on Friday, June 26, at Optometry's Meeting®.

Their paper, "Testing safety eyewear: How frame and lens design affect lens retention," was the most downloaded paper from *Optometry's* Web site, [www.optometryjaoa.com](http://www.optometryjaoa.com), in 2008.

The award, jointly sponsored by the AOA and Elsevier, publisher of *Optometry* and the *AOA News*, includes a \$1,500 travel stipend and engraved awards.

Above, *Optometry* Editor, Paul B. Freeman, O.D., presents the award to Dr. McMahon at the reception.

## Artwork offers high-end patient education

To enhance patient care and education efforts, the AOA is introducing three new, striking components that complement the Eye Disease Awareness and Management program.

Digitally painted, museum-grade canvas gallery prints focused on glaucoma, macular degeneration and diabetic retinopathy are now available.

These large-format, 20-inch by 24-inch 'gallery-wrapped' prints feature important visual messages that create an AOA-member-branded collection to enhance patient counseling.

Prints arrive with hardware and are ready to hang with no framing costs.

The prints may be purchased individually or as a collection, depending on the needs of the office space.

The prints cost \$89 each.

Order item # GP-1: Gallery Print - Glaucoma

Order item # GP-2: Gallery Print - Macular Degeneration

Order item # GP-3: Gallery Print - Diabetic Retinopathy

To order, contact the AOA Order Department at 800-262-2210.

## Call for 2010 courses now open

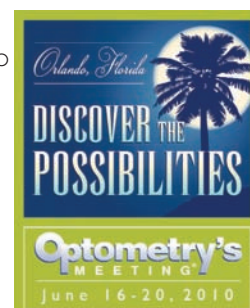
The 113th Annual AOA Congress & 40th Annual AOSA Conference: Optometry's Meeting® will be June 16 to June 20, 2010, at the Gaylord Palms Convention Center in Orlando, Fla.

The Continuing Education Committee of the AOA is pleased to invite submissions of optometric, paraoptometric, and optometric student education courses at the 2010 Optometry's Meeting®.

Continuing education courses will be held from Wednesday, June 16 through Sunday, June 20, 2010.

Courses submitted cover a wide variety of ophthalmic topics. All abstracts must be submitted electronically via online submission by Aug. 7, 2009. To submit a course, visit the AOA Web site, [www.aoa.org](http://www.aoa.org), and click on the "2010 Call for Courses" icon. Inquiries regarding the Call for Courses can be e-mailed to [continuing-ed@aoa.org](mailto:continuing-ed@aoa.org).

Submissions must be completed by Aug. 7, 2009, for consideration. Notification of selected courses will be e-mailed to all applicants in early fall.





## Jones receives Distinguished Service award



The 2009 Optometry's Meeting® Opening General Session highlighted the accomplishments of the four recipients of the AOA annual awards. At right, Immediate Past President Pete Kehoe, O.D., presents Michael D. Jones, O.D., the Distinguished Service award. Dr. Jones' career in optometry began with a private practice in Athens, Tenn., in 1971, continued with an impressive degree of service to—and leadership in—his beloved profession, and concluded in 2008 upon his retirement after 10 years as the AOA's executive director.



## Hot shots

The AOA's inaugural photo contest drew more than 130 entries and a wide range of subjects and styles. At top, from left, Irving Borish, O.D., with photo contest winners Tonia Batts and Christina Chan and Jim Kirchner, O.D., chair of the AOA Communications Group Committee. At right is a photo by contest winner Trung Tran, who was misidentified in the June 2009 issue. All submissions, including the winning shots, are at [www.flickr.com/newsfromaoa](http://www.flickr.com/newsfromaoa).



## Brochure offers advice on role of vision in children's performance for parents, caregivers

What we see determines what we do; and for children in particular, good eye health and optimal vision are critical factors for better performance at school, at work and at play.

To help parents, caregivers and others who have an interest in seeing children perform their best, the AOA Sports Vision Section (SVS) and Safe Kids Worldwide® have teamed up to offer a FREE educational brochure, titled "Healthy Eyes for Peak Performance."

"We know there's a connection between optimal vision and optimal performance, so good eye health and vision correction should be a consideration for performance-minded individuals of all ages – on the field and off," said Graham Erickson, O.D., chair of the AOA SVS. "This free brochure provides parents with a better understanding of how to foster and maintain their children's healthy vision for peak performance."

Both spectacles and contact lenses are good options for those who need vision correction – and Healthy Eyes for Peak Performance sheds new light on a growing body of research about the benefits of contact lens use beyond vision correction alone.

"Studies show that children, some as young as 8 years old, who wear contact lenses feel better about their physical appearance, acceptance among friends, and their ability to play sports than children who wear glasses," said Dr. Erickson. "This should give parents greater confidence in allowing children to choose the option of contact lens wear when vision correction is required."

"Doctors will typically evaluate a child's maturity and level of parental support in determining if they are ready for contact lenses and will work with parents to choose which contact lens option is the best fit for that child," he added.

The brochure also offers practical advice on how to maintain children's healthy vision, including information on the importance of regular eye exams, the harmful effects of extended exposure to the sun, and the necessity of protective eyewear during sports activities.

"Each year, hospital emergency rooms treat more than 40,000 sports-related eye injuries, and more than one-third of the victims are children," noted Chrissy Cianflone, director of Program Operations, Safe Kids Worldwide®. "It is estimated that more than 90 percent of these injuries could be prevented by taking the proper precautions such as wearing proper helmets or goggles."

Healthy Eyes for Peak Performance is generously supported by Vistakon®, Division of Johnson & Johnson Vision Care, Inc., and can be viewed or downloaded from the AOA Web site at [www.aoa.org/performance.xml](http://www.aoa.org/performance.xml).

To order this new brochure, send an e-mail to [healthyeeyes@inkandroses.com](mailto:healthyeeyes@inkandroses.com).







Abbott Medical Optics  
Alcon  
Allergan  
Bausch & Lomb  
CIBA Vision Corporation  
CooperVision  
Essilor of America  
Eyemaginations  
HOYA Vision Care  
Johnson & Johnson Vision Care, Inc.  
Kemin Health  
Luxottica Group  
Marchon Eyewear  
Optos  
Shamir  
TLC Vision Corporation  
Transitions Optical  
VSP Vision Care  
VisionWeb

## Industry Profile: Kemin



INSPIRED MOLECULAR SOLUTIONS™

Kemin Health, L.C. (Kemin) is a global nutritional ingredient manufacturer committed to improving the nutrition of the world.

Kemin is most known for establishing and building the lutein category as well as the FloraGLO® Lutein ingredient brand in the marketplace and the research community.

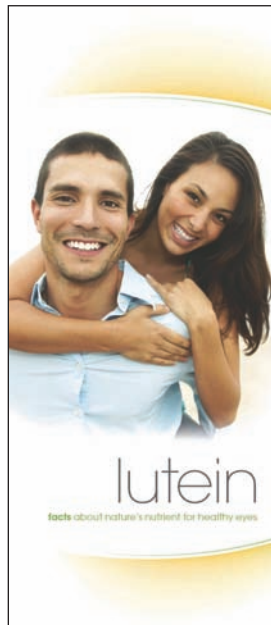
There are over 800 published studies reporting evidence for lutein with regard to numerous health conditions; more than 250 just for eye health.

For this reason, Kemin is committed to help educate doctors as well as consumers about the importance of caring for their eyes through proper nutrition.

We believe that a greater understanding of lutein and its eye health benefits can lead to increased lutein consumption, increased macular pigment optical density (MPOD), improve visual performance, and provide a greater quality of life for those impacted by age-related eye disease.

### FREE Patient Education Materials for Your Practice

**FloraGLO Lutein Brochure:**  
To view the brochure online, and to sign up for free copies for your practice visit [www.luteined.org/aoa](http://www.luteined.org/aoa).



**RECOMMENDED NUTRIENTS FOR HEALTHY EYES**

Did you know that daily intake of certain nutrients – either through foods or supplements – has been linked to healthy eyes and may reduce the risk of some chronic eye conditions?

Consider the list below, and remember that the recommended daily intake of these essential nutrients typically requires supplementation in addition to exposure through traditional dietary sources. Ask your pharmacist or supplement retailer for additional details, and be sure to follow product directions. It is always important to consult your eye health professional or physician before beginning any new nutrition regimen, including when it changes your dietary supplement usage.

<b>10 MCG/DAY</b>	<b>Lutein</b>	Dark green leafy vegetables such as spinach, collards or kale; corn, egg or salmon supplements
<b>500 MCG/DAY</b>	<b>DHA/EPA</b>	Fish or fishy fish like tuna or salmon, or fish oil supplements
<b>500 MCG/DAY</b>	<b>Vitamin C</b>	Orange juice, other citrus and fortified juices, citrus fruits, Vitamin C supplements or multivitamins
<b>400 MCG/DAY</b>	<b>Vitamin E</b>	Nuts, seed and vegetable oils, fortified breakfast cereals, seed products, Vitamin E supplements or multivitamins
<b>40-80 MCG/DAY</b>	<b>Zinc</b>	Red meat, poultry, seafood, fortified breakfast cereals, nuts, sesame seeds, zinc multivitamin or mineral supplements

\*The 40-80 mcg/day dosage for people diagnosed as being at high risk for age-related macular degeneration (AMD) or macular edema. The recommended dose ranges from 100 to 400 mcg/day for most people with AMD. High levels of zinc may be harmful to the eye. Zinc supplementation has been known to interfere with copper absorption, and a 2 mg/day of copper is always recommended for people supplementing their diet with zinc. Consult your doctor or pharmacist for more details, and always.

Obtained on other site

www.aoa.org

**Ocular Nutrition Booklet:** To receive free copies for your practice, contact the AOA directly at [publicrelations@aoa.org](mailto:publicrelations@aoa.org). Also available as a tear-pad (in sheets of 50).

Learn more about FloraGLO Lutein, the trusted lutein ingredient brand among quality supplement manufacturers, visit [www.floraglolutein.com](http://www.floraglolutein.com).

## Study shows CLs improve girls' self-worth

Contact lenses improve the overall self-worth of girls, according to data drawn from a three-year multi-site study assessing the effects of glasses and contact lenses on the self-perception of nearsighted children age 8 to 11.

The research, a unique collaboration between psychology and optometry, further demonstrates the value-added benefits of contact lens wear beyond vision correction.

“Girls are particularly vulnerable to social and psychological distress during the transitional years of early and middle adolescence and this data suggest that for girls, in particular, a switch from glasses to contact lenses may result in an improvement in self-perception,” according to Mitchell J. Prinstein, Ph.D., professor and director of Clinical Psychology, University of North Carolina at Chapel Hill, and co-author of the Adolescent and Child Health Initiative to Encourage Vision Empowerment (ACHIEVE) Study.

“Research shows that compared with boys of the same age, adolescent girls suffer from low self-esteem. Youth who wear glasses are especially susceptible to a low sense of self-perception,” Dr. Prinstein told attendees during a recent meeting of the Society for Behavioral Medicine. “This study demonstrates that an intervention as simple as switching youths’ glasses to contact lenses can help boost girls’ sense of self-worth and self-efficacy during this stage of their development.”

A total of 484 children ages 8 to 11 who were nearsighted (59 percent female) participated in the ACHIEVE study, the largest randomized trial of its kind.

In the study, conducted from September 2003 to October 2007 at five clinical

centers in the United States, children were randomly assigned to wear spectacles (n=237) or contact lenses (n=247) for three years.

Researchers measured outcomes using the Self-Perception Profile for Children scale, a measurement tool employed in numerous studies in development psychology and social development literature.

The scale consists of five domain-specific sub-scales (Scholastic Competence, Social Acceptance, Athletic Competence, Physical Appearance, Behavioral Conduct) and one global measure of self-worth.

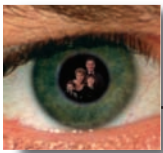
Change in global self-worth was statistically significant over three years for both treatment groups, but the change was not significantly different between contact lens wearers and spectacle wearers except among girls who at baseline reported low levels of satisfaction with spectacles.

“Contact lenses provide collateral benefits to children beyond simply correcting their vision,” says Jeffrey J. Walline, O.D., Ph.D., The Ohio State University College of Optometry and leader of the ACHIEVE study. “Contact lenses significantly improve how children feel about their physical appearance, acceptance among friends, and ability to play sports. Contact lenses even make children more confident about their academic performance if they initially dislike wearing glasses.”

Both doctors advise parents and eye care practitioners to look beyond the visual benefits of contact lens wear when choosing the most appropriate vision correction modality for children requiring vision correction.

The ACHIEVE study was supported by funding from Johnson & Johnson Vision Care, Inc. and The Vision Care Institute™, LLC, a Johnson & Johnson Company.





## B&L renews focus on ReNu

**A**t a press event at Optometry's Meeting® Bausch & Lomb Vision Care announced a renewed focus on its ReNu® brand of lens care solutions through a U.S. consumer need-based rebranding effort that introduces eye care practitioners and consumers to ReNu® Fresh Lens Comfort™ and ReNu® Sensitive Eyes®.

In addition, the company recently established a dedicated U.S. lens care solution and eye care product sales force that is primarily responsible for engaging with eye care practitioners and keeping them updated on the benefits of Bausch & Lomb products for their patients and their practice.

"We felt that it was time to rejuvenate our original ReNu brand of lens care solutions through a consumer need-driven portfolio approach that clearly articulates the specific benefits of each formula," said Steven Robins, president, North America, Vision Care. "With ReNu Fresh Lens Comfort and ReNu Sensitive Eyes, we can more directly help meet existing consumer needs such as the desire for a fresh lens feeling daily or for a solution that is gentle enough for sensitive eyes."

To support its renewed commitment to lens care solutions and other eye care products, Bausch & Lomb has also established a dedicated

U.S. sales force known as the Eye Care Specialist (ECS) team. Tasked with reaching out to the medical community and driving engagement, the ECS team is currently focusing on reaching eye care practitioners in the eastern half of the United States. The program may also expand to the western half of the country next year.

One of the team's first tasks is to introduce eye care practitioners to the rebranding of the ReNu portfolio. ReNu Fresh Lens Comfort, formerly ReNu MultiPlus®, is specifically designed to keep contact lenses feeling like a fresh pair – every day.

The formula is the only multipurpose solution on the market with Hydranate®, a clinically tested ingredient that removes protein deposits that accumulate during wear. It also contains poloxamine to help remove dirt and debris and enhance wettability and moisture retention for a more comfortable feeling throughout the day, as well as Dymed®, which provides unsurpassed disinfection efficacy.

To support the introduction of Fresh Lens Comfort solution, Bausch & Lomb launched a fully integrated consumer marketing campaign that includes [www.renu-fresh.com](http://www.renu-fresh.com), a free-standing advertising insert (FSI) distributed in newspapers nationally, in-store shelf talkers and

banners, and an online advertising and search keyword campaign. The Web site, which features lens care information and tips for consumers, includes a Bausch & Lomb Wear&Care® video and a coupon for Fresh Lens Comfort solution. Consumers are also able to vote for their favorite fresh image of the day.

Additionally, as part of its new consumer needs-based portfolio strategy, Bausch & Lomb repositioned its ReNu Multi-Purpose Solution as ReNu Sensitive Eyes. Available in new packaging at stores nationwide in July 2009, this multipurpose solution is designed specifically for lens wearers who want a gentle formula.

"A number of contact lens wearers identify themselves as having sensitive eyes," said Robins. "We wanted to take into consideration this consumer need by letting them know that we have a formula on shelves that has sensitive eyes in mind from the very beginning."

Proven to help provide gentle lens care for soft contact lenses, ReNu Sensitive Eyes features fewer ingredients and is intended to provide gentle cleaning without sacrificing performance and a high level of disinfection for healthy lens wear. It is specifically formulated to gently draw teardrops to the lenses and create a moisturizing comfort that results in less burning, stinging and irritation for the wearer. The suggested rub regimen also helps to remove potentially irritating particles.

To support the rebranding of the Sensitive Eyes solution, Bausch & Lomb will be launching a fully integrated consumer campaign, which includes the [www.renu.com](http://www.renu.com) Web site, a national FSI, in-store shelf talkers and banners, and an online advertising and keyword search campaign.

## Transitions offers Facebook resource

Social media is no longer emerging – it is here and available. More than 150 million people worldwide are now actively using Facebook, and Transitions Optical, Inc. is providing a resource for eye care professionals to join the conversation and spread the message of healthy sight.



Debuting at the annual Optometry's Meeting®, the Transitions Facebook guide, "Putting Your Practice on Facebook," will help eye care professionals leverage this social media network professionally and stay top-of-mind with patients. Also debuting at Optometry's Meeting® was the Transitions Lenses: Healthy Sight Professionals Facebook page, created for eye care professionals to stay up to date on the latest from Transitions and to provide a forum for peer-to-peer dialogue.

The Transitions Facebook guide explains what social media is, where Facebook fits in and how it can help eye care professionals connect with other professionals and patients. For example, by creating a business page for their practice, eye care professionals can enable patients using Facebook to become fans of their practice's page. This will allow eye care professionals to actively connect with patients and share information on events, promotions and healthy sight.

The guide includes a glossary to help eye care professionals understand common Facebook terms and a list of "dos" and "don'ts" to help them get started while avoiding the pitfalls that may come with sharing information on the Web.

"We are always looking for new ways to support industry professionals and help eye care professionals market their practices," said Trish Boccuti, senior marketing specialist, eye care professionals, Transitions. "Social media is a powerful communications channel, and the optical industry should leverage it to spread the message of healthy sight and boost business for eye care practices."

The new Transitions Lenses: Healthy Sight Professionals Facebook page offers eye care professionals a place to connect on issues related to healthy sight and seek business-building information and tips on recommending Transitions® lenses. The page contains educational videos, photos from industry events, and links to business resources and education. In addition, the AOA, several industry associations and optical brands currently have a presence on Facebook, making it easy for an eye care professional to create a network of peers.

Transitions "Putting Your Practice on Facebook" guide for eye care professionals can be downloaded at [www.transitions.com/fb](http://www.transitions.com/fb) or is available by calling Transitions Customer Service at 800-848-1506. The Transitions Lenses: Healthy Sight Professionals Facebook page can be found via a search on Facebook and is separate from the consumer-facing Transitions lenses page.



**Rye&Lye eyewear offers stylistic features that reflect the past and link to the future. Shown is Cohiba, a classic aviator style using advanced technology and innovative materials to create an original design. [www.rye-lye.it](http://www.rye-lye.it)**



# AOA endorses Essilor e-commerce solution

**E**ssilor of America, Inc., announced that it will offer an AOA-endorsed e-commerce solution for independent eye care professionals (ECPs) to provide optical products online to their current and future patients.

In a recent ECP Internet Usage & Attitude Study, Essilor and Jobson Optical Research found that many ECPs believe online purchasing is a growing trend in the eye care industry.

The research also indicated that ECPs felt they

were ill-equipped to meet this challenge alone.

"It was quite clear from our research that an industry solution was necessary, so Essilor quickly went to work on solutions that could provide an online option to extend an ECPs existing practice beyond the traditional brick and mortar," said Howard Purcell, O.D., vice president, customer development for Essilor.

Throughout the research process, Essilor and the AOA have been in discussions about this growing need in

the industry and the potential solutions to benefit optometrists.

"This online market-

place solution will be of great benefit to the members of AOA and will help position our doctors to better serve patients in the 21st century."

*This online marketplace solution will be of great benefit to the members of AOA and will help position our doctors to better serve patients in the 21st century.*

place solution will be of great benefit to the members of AOA and will help position our doctors to better serve patients in the 21st century," said Peter H. Kehoe, O.D., AOA immediate past president. "We are pleased to support Essilor's efforts to pave the way for doctors of optometry to expand their businesses through the Internet marketplace. Essilor is leading the industry to provide an online dispensary solution for

develop."

After an exhaustive search, Essilor chose FramesDirect.com to help power this initiative.

Unlike virtually every other online industry player, FramesDirect.com has been a successful online optical business since 1996, when it was founded by optometrists Dhavid Cooper, O.D. and Guy Hodgson, O.D.

"As eye care professionals ourselves, we are extremely proud to be asso-

ciated with Essilor and this initiative," said Dr. Cooper, FramesDirect.com CEO. "This partnership culminates a vision we've had for years to fully equip the optical industry with the tools to be successful online. This initiative allows ECPs the opportunity to participate in the online space with their own full-service e-commerce site, leveraging the experience, technology and expertise FramesDirect.com has successfully developed since 1996."

With this announcement, Essilor is entering into a beta test with several practices starting this month to further refine and develop this solution.

Future plans for expansion will be contingent upon the results of this test and its success in the market.

Comments or questions about this Internet initiative can be e-mailed to [TellHoward@essilorusa.com](mailto:TellHoward@essilorusa.com).

## President, from page 12

ter tools to meet patient needs?

❖ Will it allow members open access to patients without discrimination?

Rather than being concerned about output that measures our level of activity, we will be more concerned about outcomes that measure what we have accomplished.

Yesterday, in the House of Delegates we have chosen to not avoid reality but face it head on.

We empowered ourselves as the AOA to become a founder of a new organization for the betterment of our profession.

Keshavan Nair, Ph.D., author of "Beyond Winning" and "A Higher Standard of Leadership: Lessons from the Life of Gandhi," said, "With courage you will dare to take risks, have the strength to be compassionate, and the wisdom to be humble."

You all have the courage to dare to take the risk to move our profession forward.

At this critical juncture, I implore you to have the strength to be compassionate.

Make an effort to understand opinions contrary to your own.

And we all should have the wisdom to be humble and recognize there are two sides

to every issue.

I urge you as doctors of optometry to step out of your comfort zone, to embrace the change that will happen in our profession as well as in health care.

And I urge the new board certification organization to proceed thoughtfully and cautiously and act in the best interest of the optometric community as well as the public.

Rachel Naomi Remen, physician and professor of family and community medicine at UC-San Francisco said: "The most basic and powerful way to connect to another person is to listen. Just listen. Perhaps the most important thing we ever give each other is our attention."

I promise to listen to our members over this next year as we break new ground in our chosen profession.

You, the members, have my full attention and the full attention of the entire AOA Board and staff as we work together to advance our fine profession.

Thank you,



Randolph Brooks, O.D.  
AOA president

## OGS names Ellisor, Schock to U.S. committee

**O**ptometry Giving Sight announced that it has named Glenn Ellisor, O.D., and Stephen Schock, O.D., to its USA National Committee.

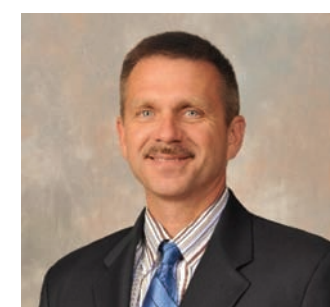
Optometry Giving Sight is reaching out to the more than 200,000 optometrists around the world and their nearly 325 million patients to fund the solution to those who are blind or vision impaired simply because they don't have access to an eye exam and a pair of glasses. It funds programs that offer eye

exams and glasses in countries with little or no access to vision care as well as programs that establish infrastructure and training.

Dr. Ellisor is the founder of Vision Source and serves as its president and chairman of the board. He also continues to practice as a licensed optometrist in Kingwood, Texas.

Dr. Schock has worked in International Professional Services with Bausch & Lomb, National Professional Services for CIBA Vision, and was vice president of Technical Affairs (R&D) for International Hydron. He was co-founder of Eye Med Vision Care in Atlanta and is currently president of Schock Eye Group, a vision care consulting firm.

"We are extremely pleased to have Glenn and Steve join us on the Optometry Giving Sight USA



**Dr. Ellisor**

National Committee," said Victor J. Connors, O.D., chair and chief executive officer of Optometry Giving Sight USA. "Their experience, knowledge and leadership within optometry will be invaluable as we continue to build awareness about the incredible need for even the basic eye care services in many countries and the important role that optometry can play in giving the gift of vision to so many."

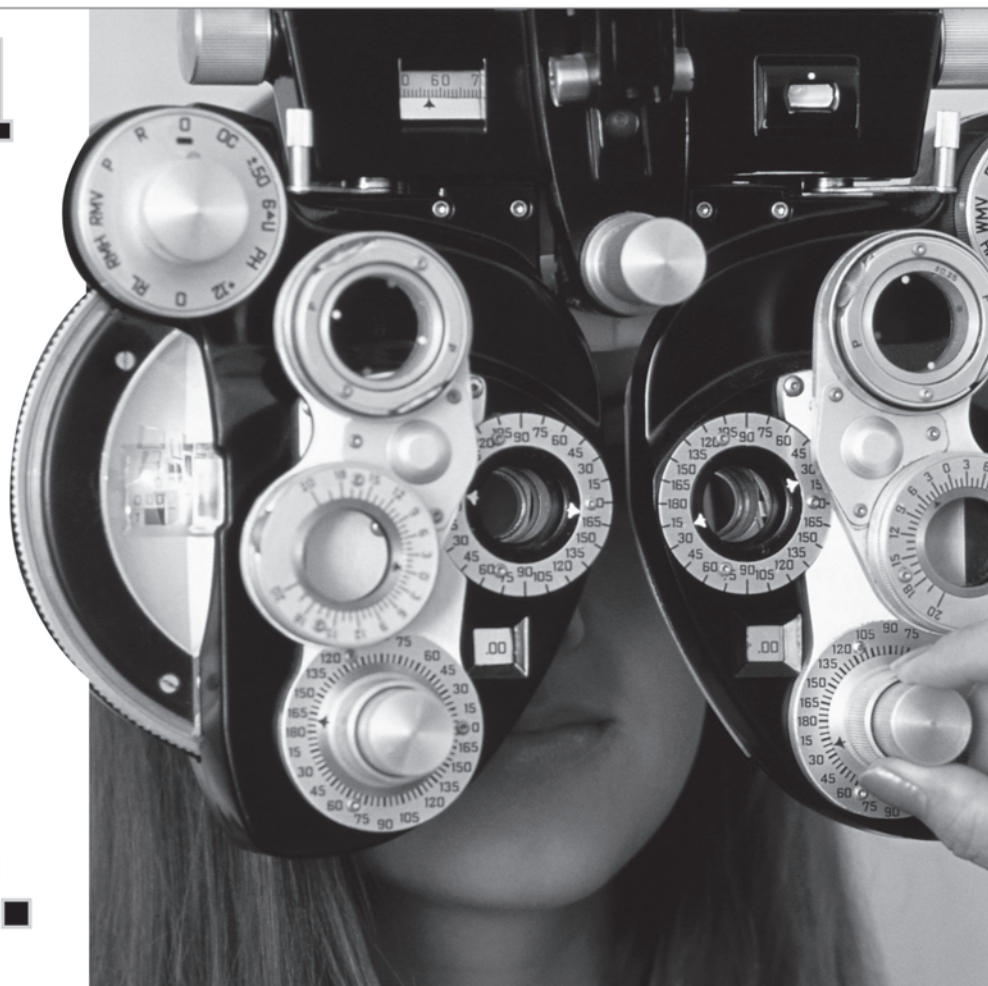
For more information on Optometry Giving Sight, visit [www.givingsight.org](http://www.givingsight.org).



**Dr. Schock**



# You would ***NEVER*** examine a patient without a Phoropter.



## ► But are you risking your practice by seeing patients without another optometric tool?

**B**efore you step into that exam room. Before your office staff brings in the first patient of the day. Please ask yourself one simple question:

*What if this patient sued me tomorrow?*

It's not something most optometrists think about before seeing patients. But according to AOA research, it's a significant risk for Doctors of Optometry and their staff.

What if a treatment goes wrong? A patient doesn't receive the vision correction she'd hoped for? Too often, the next step may very well be a lawsuit.

That doesn't even include the risks from treatments like LASIK surgery . . . glaucoma treatment . . . cataract surgery . . . and other new eye care protocols. Unfortunately, while results can often be amazing, these same treatments can also quickly expose you to potential malpractice suits when outcomes aren't what you or your patient expected.

That's why AOA recommends malpractice coverage for every optometrist, optometric assistant, technician and optometric student. **It's an important business tool . . . helping protect your practice and your financial future if a patient names you in a lawsuit.**

### • Exclusive •

#### Malpractice Safety Net For AOA Members

Please don't risk your financial future by practicing without solid malpractice coverage.

As an AOA member, you can now set up customized coverage for your practice through the AOA proliability program.

Plus, as an AOA member, you can take advantage of money-saving rates and special discounts to help keep costs as low as possible.

Just call  
**1-800-503-9230** for your  
no-obligation quote today.

## Why risk your practice or your financial future?

Call Toll-Free **1-800-503-9230**

for your complimentary, no-obligation quote from the AOA proliability program.



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**MARSH**

**AOA** Professional  
Advantage  
Professional Liability | Business Owner's Package

AOA proliability Insurance is underwritten by Chicago Insurance Company, a member company of the Firemen's Fund Insurance Companies.  
CA#0633005  
d/b/a in CA Seabury & Smith Insurance Program Management

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## EyeCarePro.net joins list of AOA preferred providers

The AOA's most recent addition to its list of preferred providers, EyeCarePro.net, is the perfect resource for optometric practices faced with the challenge of creating an aesthetically pleasing and functional Web site within a reasonable budget—specially discounted for all AOA members.

"EyeCarePro.net's Web services are in line with the AOA's vision for helping optometric practices embrace the Web," said Ron Hopping, O.D., MPH, AOA secretary-treasurer.

Most optometrists do not have the time or technical skills to build a strong practice site, and the cost for a custom-built solution can be quite high.

EyeCarePro.net developed the ECPro Website Builder product to address these issues.

The tools can be used by any practice staff regardless of technical skill and does not need to consume the optometrist's time.

"The results are professional and attractive, but more importantly are highly functional, allowing patients to pre-fill forms, book appointments online, etc., and allowing the practice to run in a more streamlined fashion," said Daniel Rostenne, EyeCarePro.net managing director.

The ECPro Website Builder allows optometrists to create a practice Web site in about 30 minutes.

Practitioners can choose their design, include more than 100 pages of pre-written content, take advantage of a wide selection of patient communication tools, and link to EyeCarePro.net's technology partners (including OfficeMate, 4PatientCare and Eyemaginations). For a list of features, visit <http://www.eyecarepro.net/ecpro-website-builder/features.html>.

In addition to the Website Builder core product, the company provides customer support with additional services to help promote and improve practice sites once they are created with Search Engine Optimization (SEO) and offers other marketing services. To learn more, visit <http://www.eyecarepro.net/marketing-your-site.html>.

The costs for ECPro can be distributed monthly (\$42) or annually (\$495).

"This is a VERY competitive price for a full-service Web site," said Rostenne. "Many of our customers receive an additional discount to this rate due to our partnerships with a variety of optometric associations—not the least of which is the AOA. Our customers tell us that the free, local, unlimited telephone and e-mail support we offer is invaluable to them. We guide the practice through the Web site setup process, including the 'techie' steps like domain names, e-mail addresses, content migration, etc., and we support them going forward whenever they have questions or issues."

EyeCarePro.net is constantly adding content, resources and new partners to its Web site offerings, ensuring that practices continue to have the most up-to-date Web sites possible.

EyeCarePro.net is committed to the AOA and providing ongoing support to AOA members and building the online optometric community.

For more information, and to sign up for a free trial, visit [www.eyecarepro.net](http://www.eyecarepro.net) or call 866-886-4442.

## Optometric community puts on show for charity



At top, dignitaries from the South Korea Optometric Association join Immediate Past President Pete Kehoe, O.D., center, on stage at the Optometry's Charity™ Karaoke and Casino Gala at Optometry's Meeting®. Below, Larry Davis, O.D., Ellen Weiss, O.D., and Carl Weiss, O.D., perform ZZ-Top hits while fans cheer them on at right.



**Ladies Home Journal Editor-in-Chief Sally Lee participated in a Volunteer Optometric Services to Humanity trip to Nicaragua in February and detailed her experience in a story, which is featured in the June issue. The rest of the staff was inspired to do an in-house collection of eyeglasses. Shown are: back row, from left, Lorraine Glennon, Vanessa Seder, Julie Bain, Cathie Yun, Emily Chau, Vivette Porges, Jeffrey Saks and Mandy Hendrix; middle row: Ron Kelly, Sally Lee and Margot Gilman; front row: Anna Varjian, Gabrielle Porcaro and Erica Metzger.**







## MEETINGS

### August

COLORADO OPTOMETRIC ASSOCIATION, INC./MOUNTAIN STATES CONGRESS OF OPTOMETRY COLORADO VISION SUMMIT  
August 1-2, 2009  
Colorado Convention Center  
Barbara Zablotny  
FAX: 303/863-9775  
barbaraz@visioncare.org  
www.visioncare.org or  
www.msco.org

14TH ANNUAL ISLAND RETREAT FOUNDATION FOR OCULAR HEALTH IN CONJUNCTION WITH ARAN EYE ASSOCIATES  
August 7-8, 2009  
The Westin Resort and Marina,  
Key West, FL Gloria Ayan  
305/491-3747  
gayan@araneye.com

AMERICAN ACADEMY OF OPTOMETRY-NEW JERSEY CHAPTER  
Educational Seminar  
August 12, 2009  
Jumping Brook Country Club,  
Neptune, New Jersey  
Dennis H. Lyons, O.D.  
732/920-0110  
Dhl2020@aol.com

THE SEAVISION CONFERENCE  
August 15-22, 2009  
Rhine and Moselle Rivers through the Netherlands and Germany, with optional 2-day pre-cruise stopover in Amsterdam  
800/249-3214  
www.seavision.info

OEP/PALO ALTO VA MEDICAL CENTER  
2009 NORTHERN CALIFORNIA REGIONAL CLINICAL SEMINAR  
AUGUST 15-16, 2009  
Palo Alto VA Medical Center  
Auditorium  
Sally Corngold  
949/250-8070  
FAX: 949/250-8157  
smcorngold@oep.org  
www.oepf.org/calendar.php

THE GUILD DEDICATED TO PHYSIOLOGICALLY-BASED EYE CARE  
August 21-23, 2009  
Renaissance, Charlotte, North Carolina  
Chuck Aldridge  
ccaldridge@yahoo.com

OPTOMETRIC EXTENSION PROGRAM VT/Visual Dysfunctions (OEP Clinical Curriculum)  
August 27-31, 2009  
Grand Rapids, Michigan  
Theresa Krejci  
800/447-0370  
TheresaKrejciOEP@verizon.net

### September

ENVISION CONFERENCE  
September 9-12, 2009  
Westin Riverwalk Hotel, San Antonio, Texas Michael Epp  
316/440-1515  
Michael.epp@envisionus.com  
www.envisionconference.org

OPTOMETRIC EXTENSION PROGRAM VT/Strabismus & Amblyopia September 10-13, 2009  
Grand Rapids, Michigan  
Theresa Krejci  
800/447-0370  
TheresaKrejciOEP@verizon.net

INTERNATIONAL SOCIETY OF CONTACT LENS SPECIALISTS CONGRESS  
September 10-14, 2009  
Langham Hotel, Boston,  
Ron Cedrone, O.D.  
207/865-2050  
www.iscls.net

ANNUAL FALL MEETING VERMONT OPTOMETRIC ASSOCIATION  
September 11-13, 2009  
Hilton Hotel and Conference Center,  
Burlington, VT  
David DiMarco, O.D.  
412/334-3428  
djd@nveyecare.net

OPTOMETRIC EXTENSION PROGRAM FOUNDATION 40TH ANNUAL COLORADO VISION TRAINING CONFERENCE  
September 11 - 13 2009  
YMCA of the Rockies, Estes Park,  
Jennifer Redmond  
720/870-2828  
Jennifer@highlinevisioncenter.com or  
Jamie@highlinevisioncenter.com

OPTOMETRIC EXTENSION PROGRAM NORTHEAST CONGRESS  
September 13-14, 2009  
Westford Regency Inn, Westford,  
Massachusetts  
Kathleen A. Prucnal, O.D.  
978/597-5227  
drkaprucnal@msn.com

PHILADELPHIA COUNTY OPTOMETRIC SOCIETY & MARCO MACULAR PROTECTIVE PIGMENT AND AGE-RELATED MACULAR DEGENERATION  
September 16, 2009  
Tiffany Diner, 9010 Roosevelt Blvd.,  
Philadelphia, PA 19115  
Richard H. Sterling, O.D.  
267/474-3190  
Rster9737@comcast.net  
www.philaoptometry.org

MAINE OPTOMETRIC ASSOCIATION  
SEPTEMBER "FALL" CONFERENCE

September 18-20, 2009  
Point lookout, Northport, Maine  
Joann Gagne  
207/626-9920  
www.MaineEyeDoctors.com

CONTINUING EDUCATION IN ITALY  
September 21-24, 2009  
Florence, Italy  
Dr. James Fanelli  
910/452-7225  
faneleye@aol.com  
www.CEintItaly.com

NORTH DAKOTA OPTOMETRIC ASSOCIATION  
NDOA ANNUAL CONGRESS  
September 24-26, 2009  
Ramada Plaza Suites, Fargo, North Dakota  
Nancy Kopp or Tracy Thomas  
701/258-6766 or 877/637-2026  
FAX: 701/258-9005  
ndoa@btinet.net  
www.ndeyecare.info

KENTUCKY OPTOMETRIC ASSOCIATION  
2009 FALL EDUCATIONAL CONGRESS  
September 25-27, 2009  
Holiday Inn & Convention Center,  
Bowling Green, Kentucky  
Sarah A. Jones  
502/875-3516  
FAX: 502/875-3782  
sarah@kyeyes.org  
www.kyeyes.org

MISSOURI OPTOMETRIC ASSOCIATION ANNUAL CONVENTION  
October 1-4, 2009  
www.moeyecare.org  
573/635-6151

### October

SOUTH DAKOTA OPTOMETRIC SOCIETY  
FALL CONVENTION  
October 1-2, 2009  
Rushmore Plaza Holiday Inn, Rapid City, South Dakota  
Deb Mortenson  
605/224-8199  
FAX: 605/224-6047  
Sdeyes3@pie.midco.net  
www.sdeyes.org

OHIO OPTOMETRIC ASSOCIATION  
EASTWEST EYE CONFERENCE  
October 1-4, 2009  
Cleveland, Ohio  
800/999-4939  
info@ooa.org  
www.eastwesteye.org

KANSAS OPTOMETRIC ASSOCIATION  
FALL EYECARE CONFERENCE  
October 2-4, 2009  
Airport Hilton, Wichita, Kansas  
785/232-0225  
info@kansasopectometric.org  
www.kansasopectometric.org

ILLINOIS OPTOMETRIC ASSOCIATION  
CONVENTION  
October 8-11, 2009  
Westin Northwest, Itasca, Illinois  
Charlene Marsh

800/933-7289  
ioabb@ioaweb.org

COLLEGE OF OPTOMETRISTS IN VISION DEVELOPMENT  
39TH ANNUAL COVD MEETING  
October 13-17, 2009  
Marriott Denver Tech Center, Denver, Colorado  
www.covd.org

IOWA OPTOMETRIC ASSOCIATION  
2009 EDUCATION SEMINAR/HAWKEYE INSTITUTE  
October 15-16, 2009  
Waterloo, Iowa  
Grace Kennedy  
800/444-1772 or 515/222-5679  
FAX: 515/222-9073

ARKANSAS OPTOMETRIC ASSOCIATION  
2009 FALL CONVENTION  
October 16-18, 2009  
Hilton Memphis, Memphis, Tennessee  
Vicki Farmer  
501/661-7675  
FAX: 501/373-0233  
aropt@swbell.net  
www.arkansasoptometric.org

NEBRASKA OPTOMETRIC ASSOCIATION  
NOA Fall Conference  
October 16-18, 2009  
Holiday Inn & Convention Center,  
Kearney, Nebraska  
402/474-7716  
noa@assocoffice.net  
www.noaonline.org

GREAT WESTERN COUNCIL OF OPTOMETRY  
GWCO 2009 Congress  
October 22-25, 2009  
Oregon Convention Center & Doubletree-Lloyd Center, Portland, Oregon  
Martin L. Wangen, CAE  
406/443-1160  
FAX: 406/443-4614  
mwangen@rmsmanagement.com  
www.gwco.org

20TH ANNUAL EDUCATIONAL CONFERENCE  
Fellowship of Christian Optometrists, International  
October 23-25, 2009  
Abe Martin Lodge, Brown County State Park, Nashville, Indiana  
850/471-7674  
foreknown@aol.com  
www.fcoint.org/conference.html

SUNY-COLLEGE OF OPTOMETRY  
8TH ANNUAL ENVISION NEW YORK  
October 24-26, 2009  
New York, New York  
Matthew Platarote  
212/938-5830  
FAX: 212/938-5831  
mplatarote@sunyopt.edu  
www.sunyopt.edu

### November

OPTOMETRIC EXTENSION PROGRAM  
THE ART & SCIENCE OF OPTOMETRIC CARE – A BEHAVIORAL PERSPECTIVE (OEP

Clinical Curriculum)  
November 5-9, 2009  
Western University College of Optometry, Pomona, CA  
Theresa Krejci  
800/447-0370  
TheresaKrejciOEP@verizon.net

OPTOMETRIC EXTENSION PROGRAM  
VT/LEARNING RELATED VISUAL PROBLEMS (VT 2) (OEP Clinical Curriculum)  
November 5-9, 2009  
Grand Rapids, Michigan  
Theresa Krejci  
800/447-0370  
TheresaKrejciOEP@verizon.net

MISSISSIPPI OPTOMETRIC ASSOCIATION  
2009 FALL CONTINUING EDUCATION CONFERENCE & EXPOSITION  
November 6-8, 2009  
Hilton of Jackson, Mississippi  
Linda Ross Aldy  
601/853-4407  
FAX: 601/853-4408  
msoptometr@aol.com  
www.mseyes.com

MASSACHUSETTS SOCIETY OF OPTOMETRISTS  
FALL MEETING  
November 8, 2009  
Best Western Royal Plaza Hotel,  
Marlborough, Massachusetts  
Richie Lawless  
508/875-7900  
FAX: 508/875-0010  
www.massoptom.org

ANNUAL CONVENTION HAWAII OPTOMETRIC ASSOCIATION  
November 8-11, 2009  
Mauna Lani Resort on the Island of Hawaii – "The Big Island"  
Charlotte Nekota  
808/537-5678  
e-mail: hoapt@earthlink.net

PHILADELPHIA COUNTY OPTOMETRIC SOCIETY & KEYSTONE EYE GROUP  
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November 18, 2009  
Tiffany Diner, 9010 Roosevelt Blvd.,  
Philadelphia, PA 19115  
Richard H. Sterling, O.D.  
267/474-3190  
Rster9737@comcast.net  
www.philaoptometry.org

MONTEREY SYMPOSIUM  
November 20-22, 2009

### December

OPTOMETRIC EXTENSION PROGRAM  
VT/VISUAL DYSFUNCTIONS (OEP CLINICAL CURRICULUM)  
December 2-6, 2009  
Phoenix, Arizona  
Theresa Krejci  
800/447-0370  
TheresaKrejciOEP@verizon.net


**To submit an item  
for the meetings calendar,  
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## SHOWCASE

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**Neuro-Optometry Symposium**  
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 Sunday, August 30



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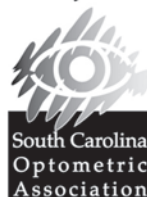
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Maria Ahrens [taylormb@umsu.edu](mailto:taylormb@umsu.edu), Administrative Assistant to the Faculty  
 The University of Missouri St. Louis College of Optometry  
 One University Boulevard, St. Louis, MO 63121-4499

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## SHOWCASE



### AEA Optometric Cruise Seminars 2009-2010

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**Blue Danube Discovery River Cruise**, 7/20-7/27/09, *Amadeus Amadante*®. Budapest, Bratislava, Vienna, Durnstein-Melk, Linz-Passau, Regensburg, Nuremberg. Optional 2 night pre-cruise stay in Budapest and/or 3 night post-cruise stay in Prague. Cruise fare **INCLUDES** wines w/ dinner and shore excursions! **From \$2299pp** cruise only. Speaker: Robert Wooldridge, OD.

**Mexican Riviera**, 9/24-10/3/09, *Silversea Silver Shadow*®. Los Angeles, Ensenada, Mazatlan, Puerto Vallarta, Cabo San Lucas, San Diego, Los Angeles. **All suites, all-inclusive** fares include gratuities and all wines & spirits. **From \$2997pp**. Speaker: Harue Marsden, OD.

**Canada/New England**, 10/3-10/10/09, *Caribbean Princess*®. New York City, Halifax, St. John, Bar Harbor, Boston, Newport, New York City. **From \$1045pp**.

**Western Caribbean**, 2/13-2/20/10, *Crown Princess*®. Ft. Lauderdale, Grand Cayman, Roatan, Cozumel, Princess Cays, Ft. Lauderdale. **~President's Day~ From \$919pp. ~ Valentine's Day ~**

**Panama Canal Adventurer**, 2/18-2/28/10, *Island Princess*®. Ft. Lauderdale, Ocho Rios, Panama Canal, Panama City, Puteranas, San Juan del Sur, Puerto Quetzal, Huatulco, Acapulco. **From \$1619pp**.

**Southern Caribbean Explorer**, 2/28-3/7/10, *Caribbean Princess*®. San Juan, Aruba, Bonaire, Dominica, St. Thomas, San Juan. **From \$769pp**.

**Eastern Caribbean**, 3/13-3/20/10, *Holland America's ms Eurodam*® with its new innovative dining and spa options. Ft. Lauderdale, Grand Turk & Caicos, San Juan, St. Thomas, Half Moon Cay, Ft. Lauderdale. **From \$699pp. ~ Spring Break ~**

**Scandinavia & Russia**, 7/1-7/11/10, *Star Princess*®. Copenhagen, Stockholm, Helsinki, 2 day St. Petersburg experience, Tallinn, Gdansk, Oslo, Copenhagen. **From \$1490pp. ~ 4th of July ~**

**Alaska (Inside Passage)**, 7/17-7/24/10, *Golden Princess*®. Seattle, Juneau, Skagway, Tracy Arm, Ketchikan, Victoria, Seattle. **From \$949pp. ~Ohio State University Alumni Cruise~** (all are welcome). Speaker: Barbara Fink, OD.

**Europe's Heartland River Cruise**, 7/26-8/2/10, *AMA Waterways ms Amacello*®. Trier, Bernkastel, Zell, Cochem, Koblenz, Rhine Valley, Rudesheim, Mainz, Miltenberg, Wertheim, Wurzburg, Bamberg, Nuremberg. **Optional 3-night pre-cruise stay in Paris and/or a 2-night post cruise stay in Prague**. Cruise fare **INCLUDES** wines w/ dinner and shore excursions! **From \$2399pp** (cruise only).

**Greek Isles**, 9/8-9/15/10, *Ocean Princess*®. Athens (Piraeus), Mykonos, Kusadasi (Ephesus), Santorini, Cephalonia (Argostoli), Itea (Delphi), Rome (Civitavecchia). **From \$1219pp**.

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American Optometric Association

# NEWS

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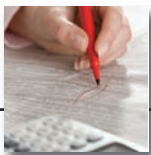
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How would you like to donate your outdated equipment to a worthy cause and receive a tax deduction at the same time? VOSH-INTERNATIONAL with the support of WCO and UNESCO has embarked on a program of equipment-technology transfer to fledgling Optometry programs in South America and Africa. This is being done with a new partner IMEC(International Medical Equipment Collaborative); a non-profit 501c3 that gathers, services, cleans and packages entire eye clinics, hospitals and other medical facilities and ships them to an organization that gives them a second life. Please look through your garage, closets, basement for all your unused books, equipment, instruments, stock frames and lenses and any items that might be of use to a Optometry school, a student or eye clinic. Instructions on how to proceed are available by going to the VOSH website ([www.vosh.org](http://www.vosh.org)) and click on Technology Transfer Program. Information about IMEC is available at [www.imecamerica](http://www.imecamerica). The most desirable items that programs in developing countries need are: Trial lens kits, battery powered hand scopes, assorted pliers and optical tools, hand stones for edging glass lenses, uncut lenses (both SV and BF), manual lensometers, phoropters, lens clocks, color vision tests, keratometers and biomicroscopes. This list is certainly not complete but gives an idea of some of the basic needs these developing programs can benefit from. All items may be shipped directly to: VOSH INTERNATIONAL  
C/O VOSH FL  
3701 SE 66th Street  
Ocala, FL 34480  
Assistance with shipping cost may be available through your local Rotary or Lions Clubs. Contact [www.vosh.org](http://www.vosh.org) with any questions or email [jaforrey@comcast.net](mailto:jaforrey@comcast.net) and [voshinternational@comcast.net](mailto:voshinternational@comcast.net).

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Advertisements may not be placed by telephone. Advertisements must be submitted at least 30 days preceding the publication. All ad placements must be confirmed by the AOA – do not assume your ad is running unless it has been confirmed. Cancellations and/or changes MUST be made prior to the closing date and must be made in writing and confirmed by the AOA. No phone cancellations will be accepted. Advertisements of a "personal" nature are not accepted. The AOA NEWS publishes 18 times per year (one issue only in January, June, July, August, November, and December, all other months, two issues.) and posting on the Web site will coincide with the AOA NEWS publication dates. Call Traci Peppers – Elsevier ad sales contact – at 212.633.3766 for advertising rates for all classifieds and showcase ads.



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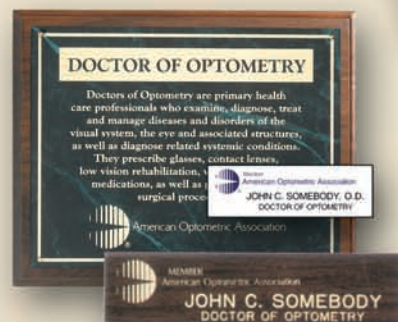
## HIPAA Forms

Notice of Privacy Practices and Patient Authorization forms available in English and Spanish.



## Letterhead

Choose from five different styles to be imprinted with your personal information.



## Charts and Models

Great for office displays and one-to-one patient education.



## Signs and Plaques

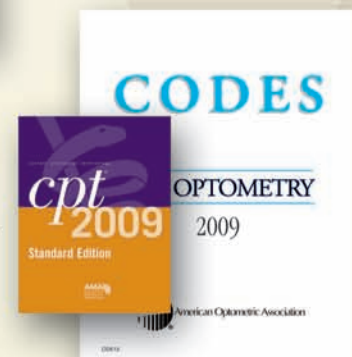
Mark the important locations in your office with our large selection of signs. Name badges and plaques also available.

## Pamphlets

We offer a large selection of pamphlets to aid patients in understanding their eye care needs.

## Answer to Your Questions Series

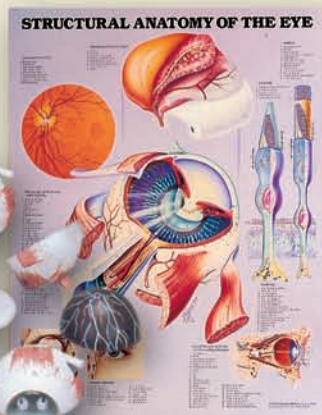
These easy to read pamphlets help answer patients eye care questions.



## Public Awareness

### Ocular Emergency Card

A flow chart of responses for typical emergencies that can occur in school or sports settings.



## Wise Eyes Material

Provides a fun way to teach children about the magic of sight. Designed especially for kindergarten through third grade.

Fax: (314) 991-4101

E-mail: [Orders@aoa.org](mailto:Orders@aoa.org)

On the Web: [www.aoa.org](http://www.aoa.org) under doctors/order department

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automated telephone available 24 hours a day, 7 days a week.



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Compliance. It's not in his nature.  
Fortunately, it's in yours.

New



OXYGEN. COMFORT. ASSURANCE.

Introducing the added benefits of  
**AIR OPTIX™ NIGHT & DAY® AQUA**—  
the newest member of the AIR OPTIX™ family.

We know patients don't always follow the rules. Fortunately, new AIR OPTIX NIGHT & DAY AQUA provides assurance that you are prescribing the highest level of oxygen of any available soft contact lens with improved insertion comfort<sup>1</sup>, even for patients who sleep in their lenses.

- 175 Dk/t—the highest oxygen transmissibility of any soft contact lens
- Superior wettability<sup>2</sup> and improved insertion comfort<sup>1</sup> with the new AQUA Moisture System
- Improved handling and ease of insertion<sup>1</sup> with new visibility tint and inversion indicator

**AIR OPTIX NIGHT & DAY AQUA**, the lens that offers more.

The **AQUA Moisture System**  
for comfort on contact, all day,  
every day, even overnight.



To order your free trial lenses go to [mycibavision.com](http://mycibavision.com) or call **1-800-241-5999** or your authorized CAN/DO distributor.

\*AIR OPTIX NIGHT & DAY AQUA: Dk/t = 175 @ -3.00D. Other factors may impact eye health.

**Brief statement of intended use:** AIR OPTIX NIGHT & DAY AQUA lenses (lotrafilcon A) are indicated for daily wear or extended wear for up to 30 continuous nights. **Warning:** The risk of serious ocular complications is greater for extended wear as compared to daily wear of contact lenses and smoking increases the risks. **Precautions:** Not all patients can achieve the maximum wear time of up to 30 nights of continuous wear. Patients should be monitored closely during the first month of 30-night continuous wear. The maximum suggested wearing time should be determined by the eye care practitioner based upon the patient's physiological eye condition because individual responses to contact lenses vary. **Side effects:** infiltrative keratitis was reported at a rate of approximately 5% during the one-year US study of 1300 eyes. Other side effects included conjunctivitis, GPC, and lens discomfort, including dryness, mild burning, or stinging. **Contraindications:** The lens should not be used when an inflammation or infection of the eye is present, or when there is any disease or injury in or around the eye or eyelids. The lenses should not be used by individuals who have medical conditions that might interfere with contact lens wear. Consult the package insert for complete information about AIR OPTIX NIGHT & DAY AQUA lenses, available without charge from CIBA VISION Corporation at 1-800-241-5999 or [cibavision.com](http://cibavision.com).

**References:** 1. CIBA VISION® data on file, 2008. Compared to original NIGHT & DAY®. 2. CIBA VISION data on file, 2008. In vitro measurements compared to ACUVUE® DASYs™, ACUVUE® ADVANCE™, Biofinity™ and PureVision®. ACUVUE is a registered trademark and ADVANCE and DASYs are trademarks of Johnson & Johnson Vision Care, Inc. Biofinity is a registered trademark of CooperVision, Inc. PureVision is a registered trademark of Bausch & Lomb, Inc.

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